

EVALUATION OF THE BRITISH ACADEMY COVID-19 RECOVERY AWARDS

Final report, April 2024

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CONTENTS

SCHEME CONTEXT AND OBJECTIVES	4
SUMMARY OF EVALUATION FINDINGS	4
THE BRITISH ACADEMY	6
COVID19 RECOVERY AWARDS (G7 AND USA)	6
EVALUATION BRIEF.....	7
HOW THE EVALUATION WAS UNDERTAKEN.....	7
FRAMEWORK OF QUESTIONS	9
METHODOLOGY	9
THE EFFECTIVENESS OF THE SCHEME IN MEETING THE OBJECTIVES.....	10
THE EFFECTIVENESS OF THE APPLICATION PROCESS.....	10
THE IMPACT AND SIGNIFICANCE OF THE SCHEME IN DELIVERING EVIDENCE ABOUT VACCINE HESITANCY	10
THE STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT.....	10
WIDER OUTCOMES AND IMPACTS	11
FUTURE IMPACT AND OUTCOMES.....	11
FUTURE RAPID RESPONSE CALLS	11
STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT.....	12
MOBILISING SUPPORT FOR RAPID POLICY-RELEVANT EVIDENCE.....	12
IMPACT AND SIGNIFICANCE OF THE SCHEME – NEW EVIDENCE	13
IMPACT AND SIGNIFICANCE OF THE SCHEME – ACADEMIC OUTPUTS	13
THE STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT.....	18
POLICY EVIDENCE MOBILISATION ACTIVITIES	19
BARRIERS TO POLICY ENGAGEMENT	19
RAPID POLICY-ORIENTED OUTCOMES.....	20
COMMUNITY ENGAGEMENT	23
SUSTAINED RESEARCH PATHWAYS POST PROJECT.....	24
RESEARCHER DEVELOPMENT	24
IMPACT AND SIGNIFICANCE OF THE SCHEME - INSTITUTIONAL DISTRIBUTION.....	25
DELIVERING THE RESEARCH WITHIN A RAPID CALL: BRITISH ACADEMY SUPPORT.....	28
DELIVERING THE RESEARCH WITHIN A RAPID CALL: CHALLENGES	29
DELIVERING RAPID POLICY INSIGHTS: INSTITUTIONAL POLICY ENGAGEMENT SUPPORT	29
RECOMMENDATION 1: OPTIMISE POLICY ENGAGEMENT	31

RECOMMENDATION 2: ENHANCE COMMUNITY ENGAGEMENT IN RESEARCH	32
RECOMMENDATION 3: ENHANCE MONITORING AND EVALUATION	32
RECOMMENDATION 4: REFINE CLARITY ON OUTPUTS DURING RAPID RESEARCH	33
RECOMMENDATION 5: CONTINUE TO BALANCE RISK AND REWARD	33
RECOMMENDATION 6: CONTINUE TO BE ATTENTIVE TO INCLUSIVITY IN RAPID RESEARCH	33
CASE STUDY ONE: YOUTH PARTICIPATORY ACTION RESEARCH TO EXPLORE THE CONTEXT OF ETHNIC MINORITY YOUTH RESPONSES TO COVID-19 VACCINES IN THE UNITED STATES AND UNITED KINGDOM	35
FUNDING CALL	35
AWARD HOLDERS:	35
PROJECT AIMS:	35
METHODOLOGY:	35
OUTCOMES AND IMPACTS:	35
CASE STUDY TWO: STRIVE - SUSTAINABLE TRANSLATIONS TO REDUCE INEQUALITIES AND VACCINATION HESITANCY	37
FUNDING CALL	37
AWARD HOLDERS:	37
CO-AUTHORS:	37
PROJECT AIMS:	37
METHODOLOGY:	37
OUTCOMES AND IMPACTS:	37
CASE STUDY THREE: COVID AND THE COALFIELD: VACCINE HESITANCE IN WALES AND APPALACHIA	39
FUNDING CALL:	39
AWARD HOLDERS:	39
PROJECT AIMS:	39
METHODOLOGY:	39
OUTCOMES AND IMPACTS:	39
ABOUT SEALEY ASSOCIATES LTD	41
PROJECT CONSULTANT: ALLICE HOCKING	41
PROJECT CONSULTANT: DR BRIDGET SEALEY, DIRECTOR, SEALEY ASSOCIATES	41
CLAIRE PACKMAN (ANALYSIS)	42
ADVISOR: PROF. KATHRYN OLIVER	42

EXECUTIVE SUMMARY

The British Academy's COVID-19 Recovery scheme (2021-2022), generated new research that has increased understanding of the conditions that affect vaccine engagement and contribute to vaccine hesitancy. These findings have contributed to changes in understanding, practice and evidence use in local authority and public health delivery settings.

SCHEME CONTEXT AND OBJECTIVES

In 2021, The British Academy commissioned The Young Foundation's Institute for Community Studies to undertake a rapid review focused on 'Understanding vaccine hesitancy through communities of place'. This review found that local knowledge and leadership could be key in efforts to improve COVID-19 vaccine take-up in different communities.

Drawing on this evidence, The British Academy designed the COVID-19 Recovery Awards scheme, the overall objective of which was to increase understanding of the conditions that affect vaccine engagement and contribute to vaccine hesitancy. The first call funded UK and US-based researchers while the second call focused on the remaining G7 countries. The scheme, launched in 2021, sought to establish an evidence base which could be used to answer the questions:

- How does context specific to place, culture, social, political and economic factors, shape people's responses to vaccines?
- How can we harness existing knowledge to develop, disseminate and employ community-engaged research which works for and with national and regional public health authorities and community actors and researchers, before, during, and after vaccine deployment programmes?

To develop evidence quickly, The British Academy compacted normal research funding timelines. 17 projects were funded (up to £100K each) with 10 focusing on the UK/USA and 7 on the UK and other G7 countries. Projects completed in March 2022 (towards the end of the UK lockdowns).

SUMMARY OF EVALUATION FINDINGS

[Sealey Associates](#) was commissioned by The British Academy in January 2024 to undertake a rapid evaluation to understand how well the COVID-19 Recovery Awards (G7 and USA) scheme had met its objectives. The evaluation process comprised: 1) desk review (e.g. applications, reports, policy reports, call guidance, publications, policy outputs); 2) interviews (including British Academy staff, 11 Principal Investigator [PI] interviews [all invited], and research office staff).

The evaluation found a wide range of contributions to the understanding of vaccine hesitancy and deployment. We noted 17 outputs acknowledging The British Academy, including 11 academic journals publications (at time of writing). Research teams produced a detailed report plus a shorter policy paper, which complemented The British Academy's comprehensive summary report. The evaluation found impacts including contributions to changes in understanding, practice and evidence use in local authority and public health delivery settings at local, regional, national and international levels. There was also evidence of additional outcomes including enhanced researcher development, appreciation of the contribution of SHAPE research and new collaborations.

Evaluation foci	Summary
Effectiveness of the scheme in meeting its objectives	<ul style="list-style-type: none"> Research projects produced a wide range of new knowledge about COVID-19 vaccine hesitancy as well as wider insights into vaccine take up, engagement in health services and health inequalities. There is evidence that some projects were delivered collaboratively with local authorities, health practitioners and community actors.
Effectiveness of the application process	<ul style="list-style-type: none"> The majority of the PIs were positive about the process of applying for and delivering the research. Many cited the streamlined process as especially valuable.
Impact and significance of the scheme in delivering evidence about vaccine hesitancy	<ul style="list-style-type: none"> The evaluation found a wide range of contributions to the understanding of vaccine hesitancy and deployment. We also noted changes in understanding, practice and evidence use in local authority and public health delivery settings both in the UK and in Europe. Engaging with policy makers within the timeframe was challenging due to the circumstances of delivering rapid research in a pandemic and due to the capabilities of individual research teams. The British Academy supported research teams by mobilising its policy connections, and teams drew on their own pre-existing networks. The British Academy's role was welcomed and considered useful. The scheme and the evidence it generated, highlights the unique importance of SHAPE research. Existing evaluations of COVID-19 research have focused particularly on STEM contributions, with limited references to vaccine engagement as a result¹.
Wider outcomes and impacts	<ul style="list-style-type: none"> The COVID-19 scheme invited projects that engaged communities through their delivery or built on existing community engagement work. There was considerable variation in community engagement, ranging from good practice such as teams including community researchers as peers to other teams reporting little or no community engagement. The call had additional outcomes including enhanced researcher development and progression.
Future impact and outcomes	<ul style="list-style-type: none"> There was evidence of future planned or anticipated outcomes including additional academic publications, enhanced and on-going collaborations with policy stakeholders, changes to health services delivery, and related funded research. Some research teams continue to advise practitioners on issues related to their research.
Recommendations: Future approaches to improve the impact of rapid response funding	<p>Informed by the evaluation findings we make the following recommendations for future rapid response funding design:</p> <ul style="list-style-type: none"> Optimise policy engagement and evidence mobilisation Enhance community engagement in research projects Enhance monitoring and evaluation Refine clarity on output requirements during rapid research Continue to balance risk and reward when supporting rapid research Continue to be attentive to inclusivity in rapid research.

¹ <https://www.ukri.org/wp-content/uploads/2023/09/UKRI-140923-ImpactEvaluationResearchInnovationFundingResponseCOVID19-FinalReport.pdf> p.36

SECTION ONE: INTRODUCTION

THE BRITISH ACADEMY

The British Academy is the UK's national academy for the Humanities and Social Sciences. Awarding more than £50million in research funding every year, The British Academy is a key player in championing the role of the Humanities and Social Sciences in understanding the world and providing new approaches to societal challenges. By engaging the public, influencing policy and funding research the Academy strives to achieve its overall purpose *'to deepen and share understanding of people, societies and cultures across time and place, enabling everyone to learn, progress and prosper'*.

The Academy has five core objectives:

1. To invest in the very best researchers and research
2. To celebrate and promote the Humanities and Social Sciences
3. To inform and enrich debate around society's greatest questions
4. To ensure sustained international engagement and collaboration
5. To make the most of its people, partnerships and resources to secure the Academy for the future.

In addition, the 2023-2027 Strategic Plan 'Understanding our world, shaping a brighter future' sets out three strategic priorities:

- Strengthening and championing the Humanities and Social Sciences
- Mobilising Humanities and Social Sciences disciplines for the benefit of everyone
- Opening up the Academy

COVID19 RECOVERY AWARDS (G7 AND USA)

In 2021, The British Academy commissioned The Young Foundation's Institute for Community Studies to undertake a rapid review focused on '[Understanding vaccine hesitancy through communities of place](#)'. This review, published in November 2021, found that local knowledge and leadership could be key in efforts to improve COVID-19 vaccine take-up in different communities. The review looked at levels of engagement in Oldham, Tower Hamlets (UK), Boston and Hartford (USA). Findings were as follows:

- A 'top-down' approach to vaccine distribution and education was ineffective.
- Applying a 'community engagement approach' (involving community groups and trusted leaders) could improve take-up.
- The case studies revealed gaps in the existing understanding of vaccine hesitancy, especially the lack of local community-level approaches - or robust 'bottom up approaches – to vaccine engagement.

The review recommended the following areas for further research:

1. Mapping of the flows of information and coordination within local ecosystems that have built effective vaccine engagement.
2. Development of a framework for pre-emptive analysis of communities – to inform responsive design of public health intervention.

Drawing on this evidence The British Academy designed the COVID-19 Recovery Awards scheme. The overall objective for the scheme was to increase understanding of the conditions that affect vaccine engagement and contribute to vaccine hesitancy, with an expectation that they would focus on place and context at local and community levels and incorporate a regional or demographic comparative element. The first call funded UK and US-based researchers in the Humanities and Social Sciences with research proposals focused on UK-US vaccine engagements, including examples of community confidence and hesitancy. The second call aimed to support studies focused on vaccine engagement in Japan, Canada, Italy, Germany and France, aiming to facilitate global and interconnected learning about the contexts, causes and factors leading to vaccine engagement.

The call sought to establish an evidence base which could be used to answer the questions:

- How does context specific to place, culture, social, political and economic factors, shape people's responses to vaccines?
- How can we harness existing knowledge to develop, disseminate and employ community-engaged research which works for and with national and regional public health authorities and community actors and researchers, before, during, and after vaccine deployment programmes?

Given the need to develop evidence quickly, The British Academy compacted the normal timelines for a research call and issued a rapid call. The scheme opened on 15th September 2021 with a proposal submission date of 6th October 2021, and the earliest start date was 21st October 2021 with the awards running until 31st March 2022. Seventeen research projects were funded, ten focusing on the UK/USA and seven on the UK and remaining G7 countries. Up to £100,000 was available per research study.

EVALUATION BRIEF

During 2023 The British Academy created a new Monitoring and Evaluation team to strengthen monitoring, evaluation and learning within the Academy.

The British Academy also commissioned a rapid external evaluation to understand how well the COVID-19 Recovery Awards (G7 and USA) had met their objectives and to understand the experiences of those involved with the COVID-19 Recovery Awards

The key objectives of the evaluation of the COVID-19 Recovery Awards (G7 and USA) were to assess effectiveness, process and impact; specifically:

1. The effectiveness of the scheme in meeting its objectives.
2. The effectiveness of the application process.
3. The impact and significance of the scheme in delivering evidence about vaccine hesitancy.
4. Wider outcomes and impacts.
5. Future impact and outcomes.
6. Future approaches The British Academy can take to improve the impact of rapid response funding.

HOW THE EVALUATION WAS UNDERTAKEN

The evaluation took place from January to March 2024 and involved a desk review of all available scheme- and grant-related documents and research outputs, plus semi-structured interviews with

Principal Investigators (PIs), research office staff (predominately from pre-award teams) and members of the awarding panel.

The methodology employed was informed by The Magenta Books, the HM Treasury guide to evaluation, which focuses on the need *‘to conduct proportionate, fit-for-purpose evaluations that are genuinely useful to decision makers’*. To guide our work and to ensure all the areas of interest were covered we developed an evaluation framework and logic model. The framework outlined the key questions, indicators, methods, timetable and order of work and progress against each element.

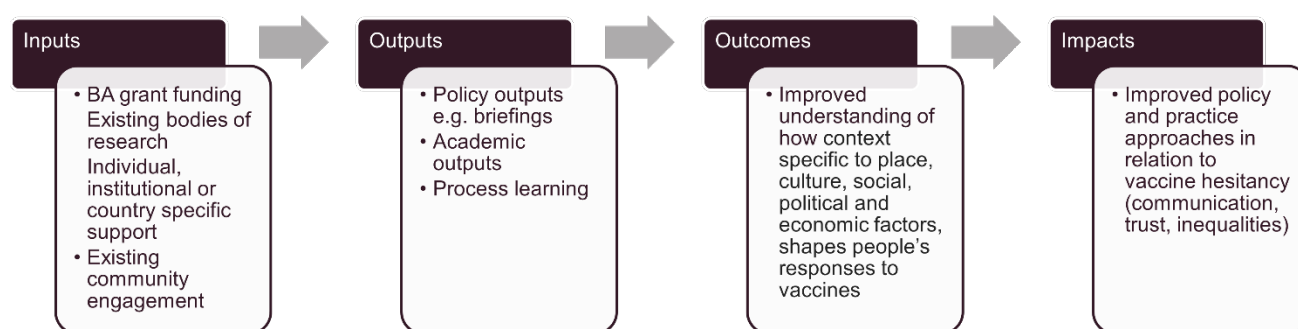


Figure 1: COVID-19 Recovery Scheme logic model

The desk review involved the analysis of all applications, the reports produced by the research teams, the overarching policy document and relevant British Academy strategy and policy documents.

In addition, an internet search and Google Scholar search was undertaken of documents relating to the 17 successful applicants and their research. This included journal articles, conference papers, press releases, committee papers, blogs and policy meetings. These outputs were mapped across a Data Collection Template which was guided by a bespoke Code Book to ensure consistency.

Drawing upon the desk research, semi-structured interview schedules were developed for each stakeholder set (PIs, unsuccessful applicants, research offices (predominately pre-award teams) and members of the awarding panel). Interviews were kept to 30 minutes to encourage participation. All successful applicants were contacted (total sample of 17), all research offices were contacted (total sample of 25) and all research teams who were unsuccessful on this occasion were contacted. Several reminders were sent to encourage good participation in the evaluation. Work pressures were cited as a particular issue for not taking part in the evaluation. The interviews were recorded and analysed by theme.

In total, interviews were undertaken with 11 PIs, five research offices and two specialists: the Panel Chair and a policy specialist at The British Academy. Although all unsuccessful applicants were invited to interview only one agreed to be interviewed.

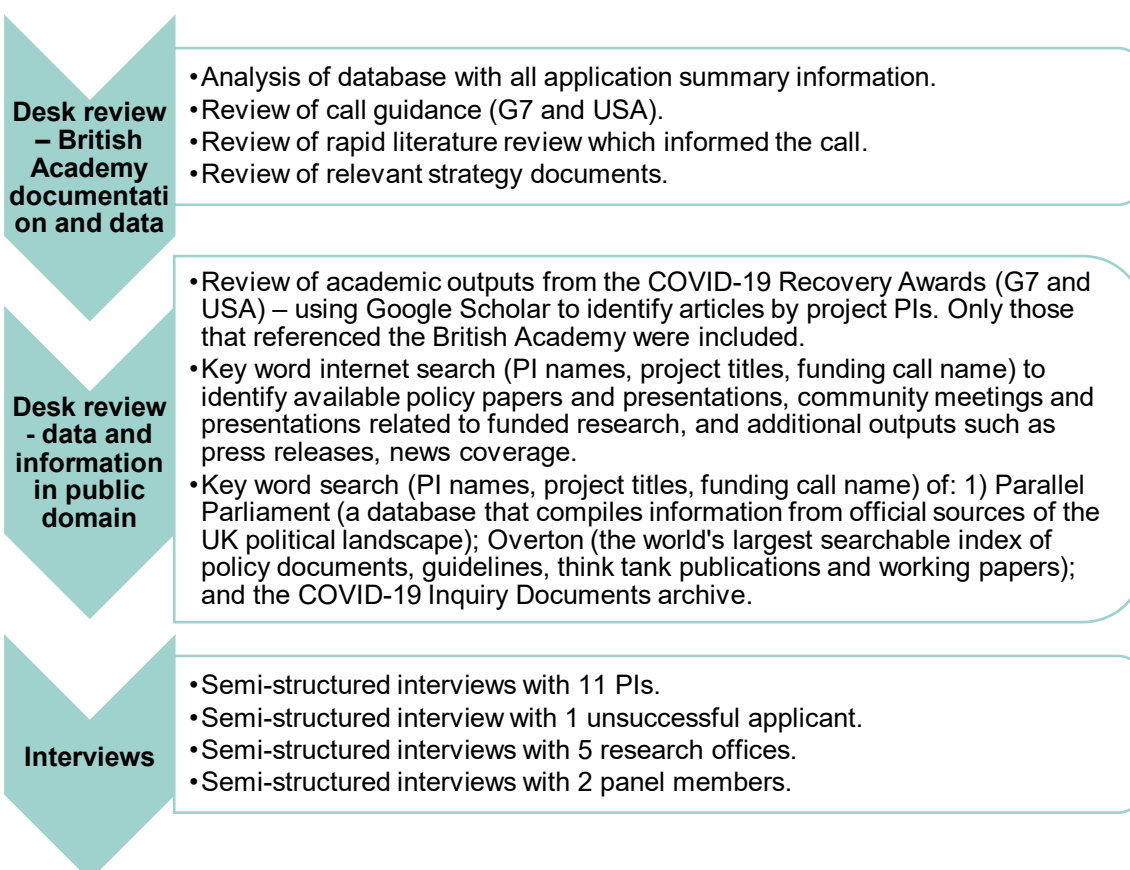
All data was collated and analysed by the evaluators to inform this report.

FRAMEWORK OF QUESTIONS

Our interrogation of the data was framed by the following questions as detailed in the Invitation to Tender.

- What is the qualitative and, where possible, quantitative evidence of the scheme's aims being met so far? It is to be acknowledged that many impacts may be achieved in future.
 - To what extent have the programmes to date met the aim of generating rapid policy-oriented impact through research?
 - Were there wider outcomes and impacts from these programmes beyond the defined objectives?
- What is the particular strength of SHAPE research in delivering evidence valuable to understanding COVID-19 vaccine engagement across and between the countries covered?
- What are the award-holders' experiences of taking part in a rapid response funding call?
 - What have the award-holders learned from their experience? What would they take forward and what would they look to change if engaging in this type of call again?
 - What more could The British Academy do to support them through the process?
- Considering the evidence gathered from both award-holders and unsuccessful applicants, are there any alterations to the process that the Academy might consider for future rapid calls?

METHODOLOGY



SECTION 2: SUMMARY OF FINDINGS: OVERVIEW

THE EFFECTIVENESS OF THE SCHEME IN MEETING THE OBJECTIVES.

The overall objective of the COVID-19 Recovery call (G7 and USA) was to support research which

'Improved understanding of context specific to place, culture, social, political and economic factors, shape people's responses to vaccines'.

Research projects supported through this call addressed this objective successfully. The programmes produced a wide range of new knowledge about COVID-19 vaccine hesitancy as well as wider issues of vaccine take up, engagement in health services and health inequalities. A range of mixed methodological approaches were utilised within the research projects and there is evidence of them being used in collaboration with health practitioners.

THE EFFECTIVENESS OF THE APPLICATION PROCESS

Overall, the PIs and research offices interviewed managed to develop and submit applications within the timeframe but noted that the flexibility of HEIs during the COVID-19 period was particularly helpful. The rapid delivery of the research and reporting created some challenges in terms of workload, community engagement and report production.

THE IMPACT AND SIGNIFICANCE OF THE SCHEME IN DELIVERING EVIDENCE ABOUT VACCINE HESITANCY

Engagement with policy makers was more frequent than with communities or community leaders. Engaging with policy makers within the timeframe was challenging; it was conducted more successfully when either The British Academy used its own connections to support the research team in policy impact, or the research team had existing policy networks and involved policy colleagues or practitioners from the proposal stage. Those projects that were successful in contributing to policy outcomes tended to do so at a local level (either within the UK or in one of the G7 countries).

THE STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT

The funded projects make a critical contribution to ensuring that SHAPE research contributes to the wider context of COVID-19 recovery and future vaccine deployment. The scheme and the evidence it generated highlights the unique importance of SHAPE research. We note, for example, that existing evaluations of COVID-19 research have focused particularly on STEM contributions, with limited references to vaccine engagement specifically². The scheme was recognised as useful and important in ensuring SHAPE research contributed to the wider context of COVID-19 and vaccines. The research offices in particular noted the potential of SHAPE research to contribute to decision making and providing evidence for policy makers. There is also evidence that the research teams have continued to advise health practitioners on wider health issues including the take up of the flu vaccine,

² <https://www.ukri.org/wp-content/uploads/2023/09/UKRI-140923-ImpactEvaluationResearchInnovationFundingResponseCOVID19-FinalReport.pdf> p.36

tackling health inequalities and vaccine take up in prisons, demonstrating the breadth and importance of SHAPE research.

WIDER OUTCOMES AND IMPACTS

In addition to the generation of new knowledge and evidence, we also noted multiple benefits in relation to researcher development, specifically as a result of the international nature of the projects and the contributions these projects have made to the researchers' careers.

The evaluation found less community engagement throughout the research than might have been anticipated given the theme of the call. Three key reasons for this included: 1) the compacted research timeline for this research; 2) the challenges of public engagement in the post-COVID-19 period (e.g. research fatigue); and 3) a lack of experience in, or networks for, community engagement in research within the funded project teams.

FUTURE IMPACT AND OUTCOMES

Interviewees shared with us several planned or anticipated benefits that projects were continuing to deliver or were likely to deliver in the future. Due to the long lead time of most academic journals, most interviewees reported forthcoming publications. Reported potential future stakeholder benefits included changes to practice and changes in vaccine deployment delivery strategies. Other beneficiaries may also include community actors and community members who may experience more tailored vaccine services as a result of the knowledge generated through the projects. Finally, researchers interviewed mentioned the ongoing benefits that they anticipated in terms of their professional development.

FUTURE RAPID RESPONSE CALLS

The majority of the PIs were positive about the process of applying for and delivering the research. This included the role played by The British Academy. The flexibility of The British Academy coupled with support for the research teams was appreciated and helpful. Several PIs were positive about the support provided to researchers to enable cross-team interaction as well as introductions to policy stakeholders. Delivering the research within a five-month period did cause challenges for some of the PIs'; however, it should be noted that this was mixed. Issues experienced included time pressures, demands such as caring responsibilities, and access to support for policy engagement. Caring demands highlighted by interviewees related to COVID-19 in particular, with higher than usual levels of sickness and ongoing closures of childminders and nursery provision.

SECTION 3: THE EFFECTIVENESS OF THE SCHEME IN MEETING THE OBJECTIVES

STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT

The funding provided for the COVID-19 Recovery Scheme (October 2021-March 2022) supported rapid policy-focused research to take place at the time of a global pandemic. This was the first time that the funder distributed funds through a rapid call, and it did so during a time of unprecedented challenges for funders, academics and University support staff.

The COVID-19 Recovery Scheme forms part of a vast body of research that was funded during, and in the wake of, the pandemic. We note for example the following investments:

- More than 7,000 projects noted in the UKCDR tracker that focus specifically on social sciences in the outbreak response³, and more than 2,000 projects focused specifically on infection prevention and control⁴.
- Around 1,200 UKRI-funded COVID-19 awards with a value of more than half a billion pounds⁵, including a limited number of projects focused on community engagement and vaccines.
- Research England's Policy Support Fund has invested >£100m to support a step change in policy engagement activities. Many institutions pivoted these funds specifically to tackle COVID-19 research.

The questions tackled by this scheme are at the heart of future pandemic preparedness and the scheme made investments in research that was less represented in other funder portfolios. We note, for example, that existing evaluations of COVID-19 research have focused particularly on STEM contributions, with limited references to vaccine engagement specifically⁶. The scheme and the evidence it generated highlights the unique importance of SHAPE research. The funded projects make a critical contribution to ensuring that SHAPE research contributes to the wider context of COVID-19 recovery and future vaccine deployment. The research offices noted the potential of SHAPE research to contribute to decision making and providing evidence for policy makers.

MOBILISING SUPPORT FOR RAPID POLICY-RELEVANT EVIDENCE

The British Academy sought to support policy engagement and impact by:

- Bringing the research teams together in a cohort to share knowledge and experience at the early stage of the research process.
- Making introductions to key policy experts and practitioners such as the Centre for Disease Control in the US, health officials in Italy Science, and Innovation teams in the UK G7 embassies.

³ Searchable using the UKCDR Project Tracker.

⁴ <https://ukcdr.org.uk/data-tool/covid-19-research-project-tracker-by-ukcdr-glopid-r/#tab-about>

⁵ <https://www.ukri.org/news/report-reveals-impact-of-covid-19-research-and-innovation-funding/>

⁶ <https://www.ukri.org/wp-content/uploads/2023/09/UKRI-140923-ImpactEvaluationResearchInnovationFundingResponseCOVID19-FinalReport.pdf> p.36

- Securing invitations on behalf of researchers to key meetings to enable them to showcase their work. This included invitations to a UK government commission roundtable chaired by Professor Sir Mark Walport, a European Science Council meeting, and the ALLEA General Assembly.
- Inviting research teams to publish in a special edition of the British Academy Journal.
- Summarising research findings from the call in a specific policy-focused publication which is available on the British Academy website.

IMPACT AND SIGNIFICANCE OF THE SCHEME – NEW EVIDENCE

The evaluation found a wide range of evidence of new knowledge, including research into trusted relationships, messaging and mandated programmes, how vaccine hesitancy mapped onto local geographies and the differences in social norms between countries and regions. These nuanced and detailed studies have enhanced the evidence base on vaccine hesitancy and engagement, with relevance for the delivery of programmes tackling health inequalities in areas such as cancer screening and GP usage. Some of the areas of research covered include:

- Encouraging trust in digital vaccine messaging through simple and understandable web link addresses.
- Understanding the perceived trustworthiness of local doctors, local authorities, local media and community leaders, and ensuring interventions are framed in wider health promotion with residents able to voice their fears and ask questions of experts without judgement.
- How vaccine hesitancy maps onto local geographies and the barriers to vaccination for young people from minoritised backgrounds living in deprived communities.
- The importance of community leaders in vaccination messaging and how policy makers and Government can avoid raising fears through mixed messaging early in a pandemic.
- The differences in trust and social norms in different G7 countries.

We mapped the insights from the rapid review that informed this scheme to the knowledge generated from the funded projects and found that the areas that were most addressed by the project were:

- Appraisals of the community and place dimensions that mediate vaccine uptake.
- Studies that capture, understand, and evaluate the efficacy of local place-based approaches and interventions to combating vaccine hesitancy at both the system and the individual level.
- Studies that consider how individual ethnic communities interact specifically with and hold particular hesitancy towards, public health campaigns or vaccination.
- Qualitative research that goes beyond surveys or attitudinal studies towards vaccination, to examine how hesitancy and/or acceptance rationales play out within or across group dynamics, e.g. communities.

IMPACT AND SIGNIFICANCE OF THE SCHEME – ACADEMIC OUTPUTS

In the call documentation there was an expectation that the outputs would vary in nature and be focused on the academic community, policy makers, and communities and community actors. Each research project had to produce a detailed report (approximately 100 pages) plus a shorter policy paper. The British Academy also produced a comprehensive report drawing together all the research and policy findings, which is available on its website.

The desk review identified a variety of different outputs per research team including policy reports, academic publications, conference papers, book chapters and presentations to community representatives and policy makers.

There was evidence of academic outputs across the research teams. The desk review found 17 outputs arising from the COVID-19 Recovery Call and acknowledging The British Academy as a funder. This included publications in 11 journals. The semi-structured interviews highlighted that there will be additional publications in the future as some are currently submitted and awaiting approval or being finalised. Two teams commented that caring responsibilities (and the specific challenges delivering these obligations presented during the pandemic) had affected their publication plans. It is worth noting here that research has shown that there were ‘disproportionate changes in publications between men and women during the pandemic’⁷.

As the table highlights, the research teams published in a wide range of journals with *Social Science and Medicine* being the most common; this has published three papers to date with more under review.

Table 1: Output outlets - journals

Journal title	Discipline	Impact factor	Number of articles
Social Science & Medicine	Social-Science/ interdisciplinary	5.4	3
Global Policy	Social-Science/ interdisciplinary	2.3	1
Journal of Migration and Health	Social-Science/ interdisciplinary	1.2	1
BMJ Global Health	Interdisciplinary	8.1	1
European Political Science Review	Political science	4.1	1
Children and Youth Services Review	Interdisciplinary	3	1
Social Movement Studies	Interdisciplinary	2	2
Health Promotion International	Interdisciplinary	2.7	1
Vaccines	Interdisciplinary	7.8	1
Scientific Reports	Interdisciplinary	4.6	1
Journal of the British Academy	Social-Science/ Humanities/ Interdisciplinary	n/a	1

Journals were predominantly interdisciplinary, highlighting the role of cross-disciplinary teams in the delivery of the funded projects. There was also evidence that the process of working in an interdisciplinary team allowed researchers to publish in different journals from those they would normally target, and in some cases extended their understanding of the language and conventions of other disciplines. One interviewee noted for example that:

⁷ Heo, S., Chan, A.Y., Diaz Peralta, P. *et al.* Impacts of the COVID-19 pandemic on scientists’ productivity in science, technology, engineering, mathematics (STEM), and medicine fields. *Humanit Soc Sci Commun* 9, 434 (2022). <https://doi.org/10.1057/s41599-022-01466-0>

“[I]t was very interesting to learn kind of the specific things that are of value and are deemed important in psychology versus political science, and then having to learn kind of new jargon, new sets of skills, and then submitting research to journals outside of my discipline and learning [...] what reviewers then look for and the different things that are kind of scrutinised in different ways. So I took it as a really important and fascinating learning process. If nothing else, I became much more familiar with what goes on outside my discipline”. PI interview

SECTION 4: THE EFFECTIVENESS OF THE APPLICATION PROCESS

All of the research offices interviewed commented on the benefits of The British Academy as a funder. This included its straightforward application forms and submission process, being very clear on eligibility and costing and issuing well thought through calls. There was also positive feedback for the portal which allowed professional services staff as well as academics to edit and submit applications. Academics were also positive about The British Academy as a funder particularly with regards to the range of interesting calls for SHAPE academics.

The decision-making panel for the review process included members of The British Academy's international and policy teams, plus a representative from the Science and Innovation Network (US call) and the Institute for Community Studies (ICS) (both calls). The inclusion of the latter helpfully linked the decision making process to the underpinning review undertaken by the ICS' researchers.

Despite the rapid timescale of the call, the research offices interviewed reported that they managed to support the applications using the normal processes at their institutions. The research offices all provided a comprehensive service including costings, advice on funder guidance, academic peer review and lay review and final institutional approval. They also advised HEIs on any risks with regard to the project or partners.

There were some challenges due to the call being issued at the start of the academic year when staff were returning from leave. There were also a number of other rapid calls at this time which put pressure on the pre-award team and on academics. Some of the HEIs were supporting more than one application for this call, with one HEI supporting four applications. In addition, there was limited time for any due diligence checks with new international partners. Ensuring full costing with new international partners in the timeframe also caused some issues, as did engaging specialist professional services such as policy or public engagement.

Academics were generally positive about the rapid call process, but did acknowledge that rapid calls can be difficult for less experienced researchers or researchers new to an institution, as well as for academics with a heavy teaching load or caring responsibilities.

"I'm experienced, I know what I do, I know the system and I know whom to talk to. If I would be just starting, I would struggle to respond to this". PI interview

"Having such a tight timeframe between the call, submission and start date does put pressure on academics and research support staff. People with caring responsibilities and single parents might find it more difficult and not good for mental health as it encourages long hours. It's a turbulent time in HE and academics have big workloads, even higher than usual". Pre-award support, research office interview

The fact that HEIs were more flexible with their own processes during this time helped to combat the disadvantages and challenges of rapid response funding, as did the incentive that the call was seen as an important opportunity for SHAPE researchers and their institutions.

"It was an interesting call and it was one of those calls that help social scientists and humanities researchers get involved in something that was ostensibly a straight up science kind of topic. It's quite

valuable in lots of different ways, valuable for individual researchers, because it meant that their research could engage with something that was incredibly contemporary and urgent and valuable, more generally because it demonstrated that social scientists and humanities researchers had something valuable to say in this conversation". Pre-award support, research office interview

SECTION 5: THE IMPACT AND SIGNIFICANCE OF THE SCHEME IN DELIVERING EVIDENCE ABOUT VACCINE HESITANCY

THE STRENGTH OF SHAPE RESEARCH IN DELIVERING EVIDENCE VALUABLE TO UNDERSTANDING COVID-19 VACCINE ENGAGEMENT

The scheme and the evidence it generated highlights the unique importance of SHAPE research. We note, for example, that existing evaluations of COVID-19 research have focused particularly on STEM contributions, with limited references to vaccine engagement specifically⁸. As such, the funded projects make a critical contribution to ensuring that SHAPE research contributes to the wider context of COVID-19 recovery and future vaccine deployment.

In a 2020 LSE impact blog, Dr Rachel Middlemass (Head of Research and Development Partnerships, Zinc), noted that the social sciences were crucial in the response to COVID-19. She suggested that four component priority areas were needed to ensure the relevance of social sciences research during the pandemic: 1) collaboration; 2) visibility; 3) credibility; and 4) incentives. Our analysis of The British Academy projects indicates that the projects funded through this scheme built capacity for the social science response to COVID-19 across each of these four areas (see Table 2).

Table 2: How the scheme built capacity for the social science response to COVID-19

Priority area	Evidence of scheme alignment with priority area
Collaboration <i>(Collaboration with a range of stakeholders, as well as across disciplines).</i>	Most project teams brought together interdisciplinary or mixed methodological approaches. All teams involved international collaboration.
Visibility <i>(Communication of social science research to stakeholders)</i>	The British Academy adopted multiple communication methods (short- and long-form policy reports, audiovisual media shared on social platforms, informal and formal meetings).
Credibility <i>(Evaluation and communication of the benefits of the research).</i>	Outputs have been published in journals with above average impact factors for the social sciences. Further work may be needed to understand and communicate the impacts of those projects that have been most successful in contributing to the work of policy and community stakeholders.
Incentives <i>(Resources and recognition)</i>	The scheme enabled research and knowledge exchange activities that without funding would not have been possible. In addition, for at least four academic teams it has contributed positively to career advancement.

⁸ <https://www.ukri.org/wp-content/uploads/2023/09/UKRI-140923-ImpactEvaluationResearchInnovationFundingResponseCOVID19-FinalReport.pdf> p.36

Researchers and research office staff noted in interviews that the scheme was useful and important in ensuring SHAPE research contributed to understanding of COVID-19 vaccine take up and vaccine deployment more broadly. The research offices, in particular, noted the importance of SHAPE research in contributing to decision making and providing evidence for policy makers.

POLICY EVIDENCE MOBILISATION ACTIVITIES

To frame our review of policy evidence mobilisation activities and outcomes we have interpreted the term ‘policy stakeholders’ in a broad sense to reflect the complexity of the system. We have used it to include a broad range of organisations, from central governments, parliaments, and devolved governments to think tanks, NGOs, public bodies and evidence networks.⁹ From our interviews and desk review, we identified evidence mobilisation activities for policy across eight out of 17 of the projects. Examples of evidence mobilisation activities thus identified included:

- Workshops with policy stakeholders (including NIHR Policy Research Unit in Behavioural Science, the Department for Health and Social Care, the NHS, the Office for National Statistics, the Scottish Funding Council, the UK Health Security Agency, Welsh Government, and State Governments [US]).
- An LSE impact blog focused on public trust in scientists.
- Production of policy reports shared with policy stakeholders including the UK Department of Health and Social Care.
- Co-creation at the research design stage with local authority officials.
- Presentations to policy makers on key messages emerging from the research.
- Joint publications with policy stakeholders.
- Inclusion of practitioners within the delivery team, allowing for embedded knowledge exchange, evidence advocacy and dissemination.
- One written evidence submission to the Culture, Media and Sport Sub-committee on Online Harms and Disinformation.

“The project also supported two practitioners to be involved in research. Both are great believers in translational research and act as champions for research in their organisations, so this is an important outcome to capture”. PI final report extract

BARRIERS TO POLICY ENGAGEMENT

We note that not all PIs responded for interviews, and final reports may have been incomplete. Therefore the above may not represent the total scope of evidence mobilisation activities. Noting data limitations, and that policy activities are notoriously hard to evidence, nonetheless, we found that the quality of policy engagement activities across the projects was variable. Indeed, some teams reported that they had not engaged with policy stakeholders at all during the research project. It is important to note here that the research teams were delivering their project within a unique time period, with policy makers focused on the pandemic, communities more difficult to engage and tight deadlines for delivering the research. It has been noted elsewhere that there were several challenges encountered

⁹ We include for example Central government departments and bodies (UK and overseas); advisory committees; local authorities; devolved administrations; parliaments (UK, devolved and overseas); Think tanks; NGOs; health and education bodies; the justice system; regulatory organisations; intergovernmental bodies; What Works Centres and other evidence networks and bodies. Our interpretation is informed by a number of sources including: <https://transforming-evidence.org/storage/science-advice-in-the-uk-final-report-sept-2021-2.pdf>

by researchers in the delivery of policy engagement during this time¹⁰. These challenges provide important context to the projects funded by The British Academy through this scheme, and were highlighted in some of the reflections researchers shared with us in interviews. Some of the barriers to policy engagement which were noted during the qualitative interviews included:

- Difficulties engaging policy makers at a time when delivering services during COVID-19 was extremely challenging.
- Limited research team connections with policy makers.
- Narrow or limited research findings with which to engage policy makers.
- Lack of experience and credibility in policy engaged research.
- Lack of time within the fairly limited project duration.
- Local contextual barriers (e.g. policy stakeholders' resources and capacities; resistance to qualitative evidence).

In relation to the last point above, one researcher highlighted how different evidence use cultures and capacities affected the outcomes of engagement:

"You don't have that enabling environment in the States. [...] We were working with [XXX] Department of Public Health, which itself was very small and very overwhelmed during COVID-19. Our project was just not high up on their radar. Then they are very much more comfortable with numbers and that evidence". PI interview

Whilst some projects continued to deliver policy engagement beyond the funded period, some reported ceasing engagement work after the funded period. The following reasons were given for stopping policy impact work post project funding:

- New research directions that ceased to be relevant to the policy stakeholders engaged in the British Academy-funded projects.
- Personal reasons such as changing caring commitments.
- Lack of funding (e.g. cessation of British Academy funding, unsuccessful bids for NIHR funding, lack of support from their own institution) to maintain and/or continue engagement activities.

RAPID POLICY-ORIENTED OUTCOMES

From the interviews, we found that the most effective evidence mobilisation activities built upon longstanding relationships with policy stakeholders. Beyond the engagement activities delivered through the projects and in their direct aftermath, the most frequent policy outcome noted was a change in practice amongst health providers and commissioners along with changes to vaccine delivery strategies at a local level. More broadly there was more appreciation of the evidence produced via SHAPE research methods in influencing policy.

"I think basically the evidence that we gathered around vaccination really helped them, these two individuals, make the case that we need to change the way that we gather evidence and that we act on evidence at the council. [and this was] not just going on survey-based quantitative research, but the research [...] with communities, qualitative data stories". PI Interview

¹⁰ <https://blogs.lse.ac.uk/impactofsocialsciences/2021/03/09/the-hard-labour-of-connecting-research-to-policy-during-covid-19/>

“We are also in talks with [the] Undersecretary for Communications for the City of [XXX]’ Government, to help them devise a strategy for vaccine hesitant individuals in the city. They are in charge of communications and vaccine campaigns and they are having problems reaching a small but very recalcitrant share of citizens”. PI Interview

Table 3: Policy outcome types and examples

Policy outcome type	Examples
Changes to practice (providers and commissioners) e.g. training, guidance, communication, decision making and prioritisation	<ul style="list-style-type: none"> • Successful cases for continued or new investment in health and social care delivery based on evidence generated from projects, both in UK and Europe. • Contributions to positive changes in evidence use cultures, including greater appreciation of qualitative evidence at a strategic level. • Commitment of time through participation in the research project’s design and delivery. • Contribution to local authority strategy design. • Contributions to new, strategic funding programmes that are local authority led.
Changes in vaccine deployment delivery strategies, including locally tailored approaches	<ul style="list-style-type: none"> • Continued use of project surveys for developing understanding of vaccine use within vulnerable/underserved populations beyond COVID-19 to other vaccines.
New and existing knowledge deployed by community actors before, during and after vaccine deployment programmes (see also Section 6 below)	Two projects provided local community groups with a platform for engagement and advocacy with public health authorities with which they had no previous experience. This has led to their inclusion in a multi-million pound evidence use project led by a local authority. The academic acted as a go-between between community groups and policymakers and practitioners.
Positive impacts on inequalities in access to vaccination services and uptake	<ul style="list-style-type: none"> • Delivery of advice on flu vaccine deployment to an English local authority. • Engagement of young people as peer researchers who were able to act as advocates in their communities for vaccination uptake.
Increased maturity in academic policy engagement relationships (evidence through continued collaborations, investment of staff time)	<p>Four projects shifted their collaborative relationships with policy stakeholders to a new level of maturity, for example by:</p> <ul style="list-style-type: none"> • Taking preexisting project collaborations to systemic level interaction (e.g. multiple relationships within one organisation). • Moving from a collaborative relationship to one where direct value was delivered to a health authority (e.g. by providing an independent

Policy outcome type	Examples
	<p>assessment of what they were doing with their project).</p> <ul style="list-style-type: none"> • Extending the number of people engaged within a policy organisation – enabling a more sustainable relationship.

SECTION 6: WIDER IMPACTS AND OUTCOMES

COMMUNITY ENGAGEMENT

The COVID-19 scheme invited projects that engaged communities through their delivery or built on existing community engagement work. The evaluation mapped the available community engagement and outputs for all 17 research projects and followed this theme of enquiry in the 10 in-depth interviews. Overall there was considerable variation in community engagement, ranging from good practice such as teams involving community members as peer researchers to other research teams reporting very little engagement with communities. Community members were often included as interviewees in the research process and there were some limited examples of community and religious leaders' engagement at project events. Although the call did allow researchers to build on existing evidence from communities, only a handful of projects did this.

We note that the most successful projects in terms of policy outcomes tended to also involve a higher degree of community engagement. Most notably this includes two projects led by the Institute for Development Studies (Schmidt-Sane and Ripoli respectively). These projects demonstrated sustained community engagement practices, including the use of peer researchers. These projects provided local community groups with a platform for engagement and advocacy with public health authorities that they had not previously experienced. One community group planned to use the findings from this research to promote vaccine equity within one London borough and informed a project on 'vaccine champions'.

We note that this commitment to community involvement has now featured at the heart of Ealing Council's approach to learning and data, and was an important factor in the Council securing £5M funding from the NIHR for the recently announced Health Determinants Research Collaboration Ealing:

"During a competitive application process, the NIHR's Health Determinants Research Collaborations funding committee was impressed that the bid had a strong focus on community involvement and engagement with Ealing's voluntary and community sector as a core part of the application process, including as part of the interview team. Ealing was the only London borough to win funding in this round". Ealing Council website¹¹.

Examples of good practice found in other projects included:

- Production of animated videos to present key information about vaccines. These had a positive influence on attitudes towards vaccination, in both US and UK groups.
- Use of communication engagement methods such as online videos to communicate directly with community members about public health issues (drawing on project research).
- Shaping charity organisation strategy, taking into consideration research findings.

The main reasons interviewees gave for less community engagement than they had anticipated during the delivery of their projects included:

¹¹ https://www.ealing.gov.uk/news/article/2214/ealing_council_wins_5_million_research_capacity_bid

- Time pressures of undertaking the research in a compacted timeframe allowed little time to develop appropriate community engagement strategies.
- Difficulties of community engagement in the post-COVID-19 phase.
- Lack of confidence in the most appropriate way to engage with communities with regard to sensitive research findings.
- Research fatigue from the community sector and community members (especially marginalised groups).
- The research methodology did not lend itself to community engagement – e.g. large scale surveys.
- Insufficiency of funding for essential community engagement resources such as interpretation.

SUSTAINED RESEARCH PATHWAYS POST PROJECT

There was evidence of additional research studies being funded which built on the research findings, methodologies, data and/or relationships developed through The British Academy scheme. These included:

- Studying vaccine engagement and hesitation in prisons across Wales.
- A £5M NIHR-funded Health Determinants Research Collaboration led by Ealing Council¹², which aims to institutionalise a culture of research around social determinants of health.
- A research project on vaccine hesitancy in Tanzania which drew directly from the conclusions of British Academy-sponsored research.

RESEARCHER DEVELOPMENT

The overarching outcome of the call was to increase knowledge and understanding of vaccine engagement and hesitancy. However, the evaluation also found that the scheme delivered multiple benefits in terms of researcher development, as illustrated in Table 4.

“This is the principal investigator’s first research grant and is likely to have a really beneficial impact my career. The grant also allowed us to appoint two research assistants on the qualitative work package. This project has allowed them to develop a great deal of experience in qualitative interviewing and analysis in a short period of time. They will also be authors on a number of publications from the project and will have extremely strong CVs for pre-doctoral researchers. [...] Finally, although XXX are established in their research careers, this project helped them to broaden their portfolio of interests and international contacts”. Final report extract

“This is my first grant as a PI and this has allowed me to establish career growth as an independent, lead researcher. This has been my first experience leading on all aspects of a research project that involves a collaborative team”. Final report extract

¹² https://www.ealing.gov.uk/news/article/2214/ealing_council_wins_5_million_research_capacity_bid

Table 4: Researcher development benefits

Consolidating collaborative relationships	<ul style="list-style-type: none"> Many of the collaborative teams were built upon longstanding academic, community and policy relationships. Through the project delivery, teams further enhanced these relationships. In several cases new relationships were formed, both between academic colleagues and with policy stakeholders.
Academic career progress	<p>The British Academy funded a wide range of HEIs under this call including Russell Group and post-1992 universities and specialist institutions. The call also funded PIs at different stages in their career, with some reporting that it was the first research award that they had led. The funding supported:</p> <ul style="list-style-type: none"> Opportunities to co-author papers. Engagement skills development opportunities (e.g. policy analysis). Methodological skills development (e.g. qualitative interviews). Networking and collaboration opportunities (especially at an international level). At least one researcher was reported to have secured a permanent lectureship as a result of their involvement.

The reasons given for the positive impacts on investigator career development included:

- Focus of the call, which enabled researchers to embrace new research pathways, collaborations and methodologies.
- Prestigious nature of The British Academy as a funder.
- Credibility of working with international policy makers and practitioners.
- Being part of a research community focused on contemporary issues.

There was evidence of follow-on funding from other funders, research assistants being promoted and internal recognition for the PI.

IMPACT AND SIGNIFICANCE OF THE SCHEME - INSTITUTIONAL DISTRIBUTION

Twelve of the grant recipients for this scheme came from institutions that are outside of the top 50 British Academy beneficiaries¹³. Only seven of the institutional beneficiaries were in the Russell Group. This proportionately high distribution of funds to post-1992 institutions is important in the context of this particular call, which sought to mobilise community engaged research. Post-1992 universities tend to serve more diverse communities¹⁴ and have civic engagement embedded within their institutional structures and history¹⁵. Awards were made to institutions in all four UK nations.

¹³ Institutions to have received the largest total payments by The British Academy to single institutions are listed here: https://www.thebritishacademy.ac.uk/documents/4230/Signed_BA_Accounts_31_Mar_22_-_High_Res_Distn_Copy.pdf

¹⁴ <https://www.suttontrust.com/wp-content/uploads/2021/11/Universities-and-Social-Mobility-Summary.pdf>

¹⁵ <https://www.ncl.ac.uk/media/wwwnclacuk/curds/files/Civic%20Leadership%20and%20Higher%20Education.pdf>

SECTION 7: FUTURE IMPACTS AND OUTCOMES

One of the objectives of the evaluation was to assess future impacts and outcomes. Given the rapid nature of the research and the time needed to engage with policy makers and publish academic outputs, it was anticipated that there would be additional impacts achieved. Future impacts and outcomes were covered in the interviews with PIs and have been included in this section where there is evidence that they are planned and in progress.

Impact and outcome type	Examples
Changes to practice (providers and commissioners) e.g. training, guidance, communication, decision making & prioritisation	<p>The research projects used varied approaches to help increase understanding of vaccine hesitancy. Examples include:</p> <ul style="list-style-type: none"> the use of games and scenarios to understand the behavioural drivers of vaccine hesitancy, followed by a series of vignettes to measure the effect of influencers on vaccine take up. This is now being used with a hospital to explore other areas of health hesitancy. the NIHR Health Determinants Research Collaboration Ealing, which drew in part on research foundations created through British Academy funded projects, has set out clear ambitions for continued change and improvement: <i>“This funding will build on our momentum for change. By changing our capacity to learn and improve, it will help us to better understand the health issues local people face, which in turn will inform positive actions across all areas of life in Ealing”</i>¹⁶.
Changes in vaccine deployment delivery strategies, including locally tailored approaches	<ul style="list-style-type: none"> Continued use of project surveys for developing understanding of vaccine use beyond COVID-19 to other vaccines within vulnerable/underserved populations. Briefings to vaccine promotion specialists and helping to inform their messaging for future vaccination promotion. A planned event (summer 2024), in London between UK and Italy public health authority stakeholders to highlight good practice in vaccine deployment within underserved communities in Italy (includes insights on resource efficiency). Specifically this may contribute to better understanding of multilingual communication in health services in the UK.
New and existing knowledge deployed by community actors	<p>Two projects contributed to the successful application for one the 11 second wave NIHR health determinants projects, led by Ealing Council. The aims of these projects are to ‘improve <i>‘the evidence base on which to make policy decisions in important areas that impact on</i></p>

¹⁶ https://www.ealing.gov.uk/news/article/2214/ealing_council_wins_5_million_research_capacity_bid

Impact and outcome type	Examples
	<i>health and health inequalities</i> ¹⁷ . The award was made to Ealing in in December 2023 ¹⁷ .
Positive impacts on inequalities in access to vaccination services and uptake	<ul style="list-style-type: none"> • Delivery of advice on flu vaccine deployment to an English local authority which may result in secondary impacts. • At least one project contributed to a more multi-layered understanding of minoritised community's engagement with the vaccine and their thoughts, their experiences and practises about the COVID-19 vaccine. This may help to inform future pandemic preparedness.
Researcher development benefits	Some researchers felt that they were likely to enjoy ongoing benefits as a result of the experienced gained from working in an interdisciplinary team. Three projects reported further funding secured from other funders.
Collaborative relationships	The research relationships developed through these projects (and through the cohort of projects as a result of The British Academy's convening role) may result in ongoing and new academic partnerships. New relationships with policy makers and practitioners were formed regionally, nationally and internationally, and there is evidence of these relationships continuing and growing as the research teams continue their research into health inequalities and place.
Future publications	The semi-structured interviews highlighted that there will be additional publications in the future as some are currently submitted and awaiting approval or being finalised.

¹⁷ ibid

SECTION 8: FUTURE RAPID RESPONSE CALLS

DELIVERING THE RESEARCH WITHIN A RAPID CALL: BRITISH ACADEMY SUPPORT

The majority of the PIs were positive about the process of delivering the research and the role of The British Academy. The flexibility of the British Academy coupled with support for the research teams was helpful and appreciated.

Some enjoyed being able to rapidly deliver to a narrow, policy engaged call and having a cohort of academics working on related research questions.

Bringing the research teams together as a cohort to share information on their research was generally viewed positively.

“That was really, really good. It gave us the opportunity to learn or to mingle. And even for future collaborations, we now know what they’re doing”. PI interview

Examples of The British Academy cohort-based support included:

- Bringing together teams for progress meetings, providing opportunities to raise awareness of the other projects.
- Setting up introductions and supported research meetings with influential policy makers such as the Centre for Disease Control (CDC) in the USA.

“We had a couple of meetings with them, progress meetings, which I think were done nicely because we did them altogether. So, all the grant holders were sitting together, and we could bring our teams as well online. That was great because we saw what the other states were similar problems and hurdles that came up and potential support for each other if in case that was needed”. PI interview

However, this experience of support appeared to be inconsistently interpreted across the different projects and the two cohorts, with two researchers not recalling any kind of policy support from The British Academy. One of these researchers expressed that they had expectations of more support in this area:

“I’d assumed that we would be helped in that by The British Academy. In a sense, because a lot of the projects had some interlinkages it would have made sense to have had some kind of policy engagement, whereas, instead of each project doing their own, there might be 2 or 3 projects, may be engaging with a specific set of policy makers on the particular focus of their projects.[...] I kind of expected The British Academy to kind of step in and organize something like that to which we’d all contribute, and they didn’t”. PI interview

Some interviewees suggested that support for policy engagement could be enhanced in future calls. The British Academy may wish to reflect on how to ensure that all researchers understand how to take advantage of the support offered (e.g. by tailoring communications to varying experience levels).

DELIVERING THE RESEARCH WITHIN A RAPID CALL: CHALLENGES

Delivering the research within a five-month period did cause challenges for some of the PIs we interviewed. However it should be noted that experience was mixed and some of the PIs found the timescale adequate or enjoyed the rapid delivery. There were no indications that the compressed timescale impacted on the quality of the research; rather, it caused workload pressures.

Some of the issues raised were specific to undertaking research within a post-COVID-19 environment and included periods of sickness in the research team and difficulties meeting with academic partners. Other challenges related to delivering research programmes in a rapid timescale. These included:

- Difficulties adhering to the University recruitment processes and appointing Research Assistants promptly.
- Challenges producing reports to the quality needed within the timeframe allowed.
- Balancing the amount of research work needed in this period with other University requirements such as teaching, particularly with the introduction of hybrid teaching (online and face to face).
- Producing the policy report very quickly so it could feed into policy making.
- Securing ethical approval in a timescale compatible with the project delivery scheduled. This was especially challenging for those projects where different institutions, for example in the US, had different processes and standards for ethical review.

“The other thing about the speed is going to the end of the process. We actually had to report our findings almost before we'd written them up. So, we had to produce a policy report. Normally, we would write some academic outputs and then maybe write the policy report on the back of that. We had to invert that”. PI interview

The other challenge raised by some of the PIs was producing the long report. During project delivery, guidance was given to them that it should be approximately 100 pages long with full data analysis. Researchers felt that reports needed to be written within a shorter, and earlier, period than they had expected. They also felt that this report was less useful than the shorter policy report, and because it was unexpected it was not factored into workloads.

Despite these challenges, overall the view was positive. The research teams were pleased with the research delivery and saw The British Academy as a supportive and flexible funder.

DELIVERING RAPID POLICY INSIGHTS: INSTITUTIONAL POLICY ENGAGEMENT SUPPORT

It was noticeable that some of the research teams had considerable expertise and experience in policy-focused research, and they noted they had policy expertise within their HEI. Several teams had longstanding relationships with policy stakeholders, including one researcher who had a concurrent secondment to a London local authority.

Two research teams reported benefiting from their institution's partnership with the Open Innovation Team, who brokered connections with the UK and international policy stakeholders. Others reported seeking support from their internal communications, policy and public engagement teams¹⁸.

¹⁸ With the introduction of annual designated policy support funds from Research England, some HEIs provide policy training and specialised staff to support policy engaged research. However, institutional allocations vary considerably.

Capacity and networking support was not universal, however, and some academics and research offices felt they didn't have access to specialist input within their own HEI. This is not surprising given the considerable variation of policy engagement support across UK institutions¹⁹, but the implications of supporting institutions with fewer resources should be noted by funders.

¹⁹ Hannah Durrant, Eleanor MacKillop, University policy engagement bodies in the UK and the variable meanings of and approaches to impact, RESEARCH EVALUATION, Volume 31, Issue 3, July 2022, Pages 372–384, <https://doi.org/10.1093/reseval/rvac015>

SECTION 9: FUTURE APPROACHES TO IMPROVE THE IMPACT OF RAPID RESPONSE FUNDING: RECOMMENDATIONS

RECOMMENDATION 1: OPTIMISE POLICY ENGAGEMENT

Several researchers reported that they valued The British Academy's support connecting with policy stakeholders. Nonetheless, the evaluation found that research teams' policy engagement activities were variable. There were some examples of excellent practice, while other project teams did not engage with policy makers.

In line with the funder's core objective '*to inform and enrich debate around society's greatest questions*', additional ways to support policy engagement in research could be considered for future rapid calls, perhaps drawing on examples from other comparator evidence mobilisation initiatives delivered during the pandemic. This may result in more projects generating policy outcomes and will be especially valuable for those institutions that do not have a dedicated policy support unit.

- **Further enhancement of the role of policy experts within the design process of scheme.** As the Wales COVID-19 Evidence Centre found '*To ensure that research findings feed into urgent decision-making processes, the timelines, outcomes, outcomes and the potential impact should be identified and agreed with the stakeholders from the outset*'²⁰. We understand that representatives from the Science and Innovation Network (US call) and the Institute for Community Studies were included within the decision-making panel for these schemes. To further enhance future approaches, it may be helpful to engage additional stakeholders during the review process, for example those that have a role synthesising and addressing evidence needs (e.g. the Government Office for Science or the Parliamentary Office for Science and Technology). At this juncture, the panel might be invited to offer specific feedback on knowledge mobilisation plans (see Figure 2). This might be especially helpful for those with limited or no policy engagement experience, or for those researchers who do not have access to an institutional policy support unit. This additional engagement may contribute to a more significant connection between research funding and policy.
- **Theming research findings.** The research funded under the COVID-19 Recovery Awards fell into several linked areas, including trust in messaging, health inequalities and digital versus community-based approaches. Accordingly, the British Academy team worked to group research projects together thematically and presented this analysis in a policy synthesis report²¹. This approach might be further enhanced through a searchable platform (as was delivered through other initiatives such as the AHRC's Pandemic and Beyond and the Wales COVID-19 Evidence Centre), or by making grouped evidence submissions to relevant inquiries. These approaches

²⁰ Micaela Gal et al. (2023) Knowledge mobilisation of rapid evidence reviews to inform health and social care policy and practice in a public health emergency: appraisal of the Wales COVID-19 Evidence Centre processes and impact, 2021-23; medRxiv 2023.11.30.23299238; doi: <https://doi.org/10.1101/2023.11.30.23299238>

²¹ https://www.thebritishacademy.ac.uk/documents/4096/COVID-19-recovery-summary-policy-synthesis_A5jWPKY.pdf

might further optimise The British Academy's work to support the generation of policy related outcomes.²²

- **Consider, where possible, extending the funding duration of rapid response projects.** Many of the challenges reported by PIs in the delivery of publications, policy engagement activities and the policy reports were associated with pressures associated with the length of the delivery period. Extending the project duration from 5 months to 12-18 months would bring the funding scheme more in line with other comparator funding schemes,²³ and may give PIs greater capacity to deliver knowledge exchange activities and outputs. However, we understand that in the context of this specific scheme altering the timescales would not have been possible because funds were only available within a specific financial year (2021-2022).

RECOMMENDATION 2: ENHANCE COMMUNITY ENGAGEMENT IN RESEARCH

The evaluation found less community engagement than might have been anticipated given the theme of the call. Two key reasons stated included the compacted research timeline for this research and the challenges of public engagement in the post-COVID-19 period. In addition, there was a general lack of experience in community engagement in research across the teams.

This may point towards a need for more support for academics in good practice community engagement in research as well as a recognition of the time needed within research programmes to do this well. This could be delivered as part of the cohort approach which was seen as a positive aspect of The British Academy funding approach. The National Co-ordinating Centre for Public Engagement (NCCPE) runs training on community engagement with research and may be a good partner for calls where enhanced community engagement is a desirable outcome.

RECOMMENDATION 3: ENHANCE MONITORING AND EVALUATION

The British Academy may wish to further enhance the monitoring of publication outputs from funded projects, allowing it to further evidence the impact of funding programmes. Further focus on

Stakeholder mapping	Knowledge mobilisation plan	Resources	Timeline	Potential impact	Track Progress	Outcome/Impact
Key stakeholders (e.g., scientific advisors, decision makers) (Names and contact details)	Co-production with stakeholders: <ul style="list-style-type: none"> Timely report with identified policy and practice implications Presentation of findings at Evidence briefing Including in Advice to Ministers 	<ul style="list-style-type: none"> Report Infographic Presentations of report findings 	Aligned to stakeholder need e.g., Report available for internal use in 2 months	<ul style="list-style-type: none"> Informed scientific advisers Change to policy or practice Longer term: Benefit to patients, members of the public 	<ul style="list-style-type: none"> Stakeholder feedback Survey Findings used and referenced in ministerial advice 	<ul style="list-style-type: none"> Informed policy change Longer term: patient and public benefit Built trust and collaboration
Other groups that may have an interest in this area (e.g., Social care, Healthcare educators) (Names and contact details)	Co-production with stakeholders: <ul style="list-style-type: none"> Share report and list of other relevant reports e.g., for cancer, social care Highlight research gap to research funders e.g., Health and Care Research Wales 	<ul style="list-style-type: none"> Published report Lay summaries Infographics Public symposia 	<ul style="list-style-type: none"> Report sharing: 1-2 months Symposia: 6 months 	<ul style="list-style-type: none"> Informed COVID related plans New knowledge New collaboration 	Feedback from groups and key people via e-mail	<ul style="list-style-type: none"> More rapid updating of reviews Influenced funding call
Wider dissemination and communication	Co-production with Health and Care Research Wales and partner communication teams <ul style="list-style-type: none"> Social media Report published on pre-print server, and organisations libraries Public symposia and engagement 	<ul style="list-style-type: none"> Published report Lay summaries Infographics News story Blog 	2-3 months	<ul style="list-style-type: none"> Increased public knowledge and awareness of WCEC and its work Opportunity for members of public to get involved in WCEC work 	<ul style="list-style-type: none"> Metrics: number of Tweets, downloads of reports, visits to website, stories by National media Number of participants and feedback 	<ul style="list-style-type: none"> Increased public engagement with WCEC Avoided duplication of work

Figure 2: Example of Knowledge Mobilisation plan from the Wales COVID-19 Evidence Centre (Micaela Gal et al, 2023)

²² Example of a comparator approach: <https://pandemicandbeyond.exeter.ac.uk/blog/pandemic-beyond-response-to-draft-terms-of-reference-for-the-uk-covid-19-inquiry/>

²³ <https://www.ukri.org/opportunity/get-funding-for-ideas-that-address-covid-19/#:~:text=In%20particular%2C%20applicants%20to%20the,directly%20by%20submitting%20a%20proposal.>

integrated evaluation in future rapid call investments may encourage an embedded approach within research project delivery. Any adoption of integrated evaluation approaches would need to reflect the challenges and time constrained nature of research delivery during emergencies. One light touch approach to address this could be to invite PIs to prepare a simple knowledge mobilisation plan that is structured using a theory of change approach. This approach was successfully adopted by the Wales COVID-19 Evidence Centre during the pandemic²⁴.

RECOMMENDATION 4: REFINE CLARITY ON OUTPUTS DURING RAPID RESEARCH

The requirements stipulated in the call that research outputs must include ‘short, crisp summaries of the study of around 15-20 pages as well as a longer, more detailed report’. Most interviewees indicated that the timing (prior to project completion) and length of the detailed research report was unexpected. Interviewees reported that this put pressure on their teams, given the rapid nature of the research. The knock-on effect reported by PIs was that they had insufficient time to integrate detailed analysis of the research within the report.

When undertaking research within a rapid timescale, the importance of all parties being clear on reporting expectations and deadlines is enhanced. The interviews highlighted the need for shorter outputs, and that the policy report should take priority when undertaking rapid research aimed at policy makers.

RECOMMENDATION 5: CONTINUE TO BALANCE RISK AND REWARD

Rapid calls involve more risks for the HEI, the academic and The British Academy as normal processes have to be flexed and there no leeway to allow for delays (e.g. as a result of sickness). However the benefits of funding a cohort of studies which engage with policy challenges in real time and demonstrate the role of SHAPE research in addressing societal challenges appears to be worth the risk. Working with research offices and HEIs to explore ways to balance the risk and reward of rapid calls going forward will help ensure the balance and subsequent benefits are achieved.

RECOMMENDATION 6: CONTINUE TO BE ATTENTIVE TO INCLUSIVITY IN RAPID RESEARCH

The British Academy Strategy (2023-2027) has a clear focus on inclusivity with one of three strategic priorities being ‘*Opening up the Academy*’ and as part of that to ‘*embed principles of equality, diversity and inclusion into everything we do*’. Although rapid calls and rapid research can be necessary, such as with the COVID-19 calls, there are implications for inclusivity. Some of the ways to mitigate this were explored within the interviews and included:

- **Pre-announcements for rapid calls:** a pre-announcement of a funding call allows the Research Office to get communications out to academics and start liaising with anyone interested. This works particularly well with researchers with a substantial teaching load or who work part-time. This approach has been recently used in UKRI calls, and research offices we interviewed were keen that The British Academy considered the use of pre-announcements where possible. Given

²⁴ Micaela Gal et al. (2023) Knowledge mobilisation of rapid evidence reviews to inform health and social care policy and practice in a public health emergency: appraisal of the Wales COVID-19 Evidence Centre processes and impact, 2021-23; medRxiv 2023.11.30.23299238; doi: <https://doi.org/10.1101/2023.11.30.23299238>

the pressures of delivery during a pandemic, this may not be possible, however. A possible alternative might be to adopt a two-stage process, with an 'intention to submit' stage, followed by full proposal stage²⁵.

- **Dialogue with research offices:** working together with the research offices to ensure they are ready to support applications and clear on The British Academy requirements and timescales. This might include working with the professional association ARMA to understand and endeavour to pre-empt any potential challenges.

However in unexpected rapid calls, calls such as the COVID-19 Response, it may not be possible to build in pre-announcements and dialogues and this was acknowledged by research offices.

²⁵ <https://www.transatlanticplatform.com/t-ap-recovery-renewal-and-resilience-in-a-post-pandemic-world-rrr/2021-t-ap-rrr-call-for-proposals/>

APPENDIX 1: CASE STUDIES

CASE STUDY ONE: YOUTH PARTICIPATORY ACTION RESEARCH TO EXPLORE THE CONTEXT OF ETHNIC MINORITY YOUTH RESPONSES TO COVID-19 VACCINES IN THE UNITED STATES AND UNITED KINGDOM

FUNDING CALL

COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the USA and UK

AWARD HOLDERS:

Dr Megan Schmidt-Sane, Institute of Development Studies

Dr Elizabeth Benninger, Case Western Reserve University

Dr Santiago Ripoli, Institute of Development Studies

PROJECT AIMS:

The project aimed to explore the context of systemic racism, inequalities, and injustice in minoritised youth responses to COVID-19 vaccines, how youth conceptualise trust and what strategies might be deployed to improve vaccine engagement and equity.

METHODOLOGY:

The team co-produced youth participatory action research (YPAR) with service providers, policymakers, and young people in Cleveland, Ohio and the London borough of Ealing, as well as employing more traditional qualitative methods. The team led in-depth interviews and focus group discussions with young people (ages 12-19) largely from minoritised backgrounds. They also conducted a political-economic analysis to understand how structural inequalities might underpin vaccine attitudes.

OUTCOMES AND IMPACTS:

This project exemplified the use of qualitative insights from the community, and the value of a social science approach. The team collaborated with Ealing Council, Ealing Public Health, the Southall Community Alliance and Bollo Brook Youth Centre. The research team acted as a mediator between the community groups and policymakers and practitioners, offering the community groups a voice and a platform in public health that they had not had hitherto. All these relationships are ongoing, and as a community-engaged researcher, Schmidt-Sane, Ripoli, and Benninger continue to act as mediators in this way.

The team worked with young people from Bollo Brook Youth Centre as co-researchers and co-authors building their skills and confidence. The young people gave advice, took on leadership roles, and were in charge of planning engagement and dissemination activities. One of the young people was co-author of the policy brief, '[COVID-19 Vaccines and \(Dis\)Trust among Minoritised Youth in Ealing](#)', published by Social Science in Humanitarian Action Platform. This piece won the 2022 U.S. Society

for Medical Anthropology's Anthropological Responses to Health Emergencies (ARHE) Policy Brief Award.

Schmidt-Sane and Ripoll subsequently obtained AHRC funding to work in a community, policy, and research partnership in Ealing exploring community assets and building partnerships, with the aim to improve health equity and linkages to the Integrated Care System.

A particularly noteworthy outcome is that the relationships created in Ealing have contributed to a culture which led to, and the approach and evidence generated by the British Academy and AHRC projects supported, a successful bid from Ealing Council for NIHR funding. It has been awarded £5m over five years for a Health Determinants Research Collaboration, to institutionalise a culture of research around social determinants of health. As Ealing Council has said: "A new approach to collecting and learning from data and insights on the building blocks of health will drive greater health equity in Ealing."²⁶ Schmidt-Sane and IDS is one of three academic partners, while the Southall Community Alliance is one of the key community partners. Ealing Council said the NIHR panel "welcomed the strong buy-in from the council's senior leadership and the authority's commitment to building a strong research and learning culture", a commitment which has partly developed out of and been strongly supported by the work of Schmidt-Sane and the British Academy project team.

²⁶ Ealing Council wins £5 million research capacity bid:
https://www.ealing.gov.uk/news/article/2214/ealing_council_wins_5_million_research_capacity_bid

CASE STUDY TWO: STRIVE - SUSTAINABLE TRANSLATIONS TO REDUCE INEQUALITIES AND VACCINATION HESITANCY

British Academy report title: COVID-19 Vaccination Campaign Among Migrants in Rome and the Emilia-Romagna Region Intercultural mediation and vaccine hesitancy

FUNDING CALL

COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the G7

AWARD HOLDERS:

PI: Professor Federico Federici, University College London Co-Is: Dr Andrea Ciribuco, University of Galway, Professor David Alexander, UCL, Dr Rachele Antonini, Università di Bologna

CO-AUTHORS:

Dr Chiara Bucaria, Università di Bologna, Dr Valeria Reggi, Università di Bologna, Dr Gianluca Pescaroli, UCL,

PROJECT AIMS:

The project aimed to understand whether effective translation practices can contribute to reducing the impact of linguistic differences as factors determining lower rates of vaccine uptake among migrants in Italy.

METHODOLOGY:

The team carried out interviews with personnel from civil society organisations and local health authorities who organised language mediation for local migrant communities, as well as translators, interpreters, and intercultural mediators. They also collected data from migrants through an online questionnaire on vaccination hesitancy, administered on portable devices with the support of research partners.

The researchers analysed language access policies in Italy, and evaluated quantitative data on migrants' preferred languages, as distributed in Rome and the Emilia-Romagna Region. In this way they could compare and contrast local language needs, provision, and budgeting issues with the language mediation. The team evaluated and compared approaches in rural, semi-urban, and urban areas, which have shown different levels of testing, infection, and vaccine hesitancy.

OUTCOMES AND IMPACTS:

The project allowed the team to develop a new relationship with the ICARE project (Integration and Community Care for Asylum and Refugees in Emergency, funded by the EU), which works on supporting health care and well-being of asylum seekers and forced migrants. This network, established in 2017, includes 12 regional health authorities in Italy, so was well-positioned to react to Covid. The network's understanding of local language needs was important in sharing findings and learnings around the avoidance of wasting resources (e.g. no duplication of translation or interpreting). ICARE personnel were initially involved as participants (interviewees), but their commitment to the

vaccination campaign was entirely aligned with STRIVE recommendations on effective multilingual healthcare communication. This alignment of purposes encouraged a new research partnership, which is ongoing.

Save the Children staff members were part of the STRIVE team, and the team also worked with the Italian Society of Migration Medicine (particularly in eliciting responses to the questionnaire).

Local health authorities in Italy not only provided a platform to showcase the project work and findings, but also a longer-term platform for an independent assessment of their work. This independent evaluation supported the authorities' case - Federici also wrote a foreword to the authorities' report to the European Union, looking at what they had achieved – and they have been awarded further funding for vaccine engagement work.

Federici contributed to the SSHAP policy brief '[10 Ways Local Governments in Multicultural Urban Settings can Support Vaccine Equity in Pandemics](#)'.

As a result of the British Academy project, Federici was invited to speak to an event at the Ministry for Health (Italy), to discuss how the multilingual needs of different migrant communities could be met, presenting the results of the STRIVE project.

The STRIVE team established a relationship with SAMIFO in Rome, the health centre for asylum seekers and refugees, whose staff members participated in some of the events connected with the British Academy project. Students at UCL worked with SAMIFO to design a mobile phone app for health care purposes. With ICARE and SAMIFO, Federici is bringing together health professionals from the UK and Italy to learn about the efficient ways Italian authorities used resources during the pandemic.

Work to share learning from the project is ongoing. For example, the STRIVE project activities and partnership with Italian healthcare authorities informed new training practices about working with interpreters and translators in healthcare contexts. Federici is now working with Médecins Sans Frontières London on enhancing MSF's personnel understanding of the dynamics of working with translators and interpreters.

CASE STUDY THREE: COVID AND THE COALFIELD: VACCINE HESITANCE IN WALES AND APPALACHIA

FUNDING CALL:

COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the USA and UK

AWARD HOLDERS:

Dr Christopher W N Saville, Bangor University, Robin Mann, Bangor University, Dr April M. Young, Kentucky University, Dr Daniel Thomas, Public Health Wales

PROJECT AIMS:

The project aimed to identify attitudes towards vaccination and sociodemographic risk factors for vaccine hesitance through collection of survey and interview data from coalfield and non-coalfield areas of Wales and the eastern United States.

METHODOLOGY:

The research consisted of two large-scale surveys in the coalfield areas of Wales (4187 respondents) and Central Appalachia (4864 respondents from Kentucky, Tennessee, Virginia, Ohio, and West Virginia). The surveys covered vaccination status, economic status, views on COVID-19, social lives, and political views. The surveys were followed up with 36 in-depth qualitative interviews with vaccinated and unvaccinated residents of the two coalfields. The qualitative interviews were analysed to identify themes for the study including vaccination and attitudes towards it, material circumstances and experiences of the pandemic, belonging, isolation, and participation and finally trust, politics, and information.

OUTCOMES AND IMPACTS:

The research identified new learning relating to levels of vaccine hesitance and suspicion in coalfield areas and coupled this with understanding how this relates to rates of reported vaccination in coalfield areas and the impact of local vaccine policy in the USA and Wales. These findings were accompanied by clear policy recommendations for covid vaccinations and wider health inequalities.

The research was notable for its strong collaboration with Public Health Wales from the initial research concept through to the publications. It also developed a new collaboration with the University of Kentucky which is on-going. The strong partnership, including having a colleague from Public Health Wales embedded in the research team, was seen as a key factor in helping access policy makers during the rapid research period.

The research findings were presented to a wide range of policy makers. With support from the British Academy, a meeting was set up with the Centre for Disease Control (CDC) in the United States to discuss the research findings. As a result of the research, the team were invited to present to the Welsh Government's Behavioural Science Advisory group and Vaccine Equity Committee; the Vaccine Strategic Immunisation Group of a health board in Wales; and Public Health Wales. At a more community level, with support from the British Academy and a media company, the research findings were covered by local news channels in the USA and on BBC Wales.

The researchers have had one publication published to date with an additional two under review. The research funding has had an important impact on the researchers' careers with both of the Research Assistants being accepted to study for their PhD and institutional funding being found to extend the research and research contracts.

The research team continue to work together and are expanding the research reach by studying different groups, aspects of the research findings and adapting the survey. Follow up research has adapted the survey and supported Public Health Wales roll it out across Welsh prisons to help understand vaccine hesitancy in prisons. The team also applied for research funding at Bangor University and were successful; this is supporting on-going research studying community attitudes in the coalfield areas of Wales and Kentucky during the transition out of lockdown. The on-going research programme is being delivered in close collaboration with Public Health Wales.

APPENDIX 2: ABOUT THE PROJECT TEAM

ABOUT SEALEY ASSOCIATES LTD

We work with Higher Education institutions to realise inclusive initiatives through collaboration and partnership. Backed by our consultancy expertise that spans research, knowledge exchange, education and policy, we support institutions to nurture opportunities that lead to change.

We bring more than 20 years' experience generating opportunities across the knowledge economy, working with business, government and the third sector. We have successfully advised leading higher education institutions in the UK and internationally on creating cultures that deliver impact and generate income.

www.sealeyassociates.com

PROJECT CONSULTANT: ALLICE HOCKING

Alice Hocking brings an expertise in evaluation, specifically in the Higher Education context. Alice was previously the Head of Research Impact and Partnership at the University of Plymouth and was the Head of SERIO, the external evaluation research unit at Plymouth. Alice also headed up the Public Engagement in Research team at Plymouth, managed the Pre-award bid support team and KE teams.

While at the University of Plymouth, Alice has been the Project Director for numerous evaluation contracts and clients included the British Council, Plymouth City Council, The Cabinet Office and the National Lottery. Alice also headed up the Public Engagement in Research team at Plymouth, managed the Pre-award support team and all of the KE teams.

Prior to working in HE, Alice was the Director of Social Policy Research at ECORYS UK. Managing a team of 50 researchers over three offices, Alice led on social policy research for national and European clients including The European Commission, Dept for Work and Pensions and the Home Office.

PROJECT CONSULTANT: DR BRIDGET SEALEY, DIRECTOR, SEALEY ASSOCIATES

Dr Bridget Sealey is an expert in supporting social science researchers and evaluating research and impact investments. Since 2020 she has conducted multiple organisational reviews of knowledge exchange at Higher Education Institutions, including the University of Exeter, the Open University, Royal Holloway University London, Sheffield Hallam University, the University of Leeds, University of Surrey, and the University of Central Lancashire. For these projects Bridget has used a range of methods, including: documentary review, surveys, focus groups and semi-structured interviews. Bridget leads the delivery of the ESRC's Postdoctoral Fellow Development programme.

Prior to establishing Sealey Associates Ltd, Bridget spent more than 15 years working in a variety of knowledge exchange, business development, research and impact support roles. She was Head of Research Strategy and Development at Plymouth University, then moved to the University of Exeter

where she managed the Government and Society team. She was an evaluator for the Knowledge Exchange Concordat Pilot.

CLAIRE PACKMAN (ANALYSIS)

Claire has been Research Impact Manager at the University of Exeter and most recently was a Senior Policy Adviser at Research England where she held responsibility for the delivery of the Policy Support Fund. She has a background in communications. A qualified journalist, she has worked for a variety of publications as well in the press office of the Department of Health and as managing editor of the journal *Genomics, Society and Policy*.

ADVISOR: PROF. KATHRYN OLIVER

Oliver is Professor of Evidence and Policy at the LSHTM, and a founding Director of Transforming Evidence, a not-for-profit initiative aiming to promote better research and practice around evidence use for policy and practice. Since 2019 she has been seconded to the Government Office for Science where she supports development and use of the Areas of Research Interest, including by UKRI and other funders to inform funding strategies and to assess impact of their overall funding portfolios. She has worked with the European Commission's Joint Research Centre (JRC) for several years, most recently to develop a set of indicators by which effective science-for-policy systems may be better assessed.

She previously advised the ESRC on engagement and impact strategy, mapping the funder's impact funding and comparing it with UK and international funder activity, making recommendations about [how to improve evaluation](#). Current projects include:

- Evaluation of the Research England-funded project Capabilities in Academic Policy Engagement.
- A review of international funding into knowledge translation and research impact activities for the World Health Organization (WHO). This will enable international comparisons in impact funding.
- Assessing the methods research funders use to evaluate impact and associated outcomes, working with the National Institutes of Health (NIH) in the USA. This project has identified more than 60 funder frameworks to measure research impact and will directly inform this work.