Health inequalities in Scotland and England: the contrasting journeys of ideas from research into policy

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Abstract

Both the UK’s Labour Government and Scotland’s devolved Labour–Liberal Democrat coalition Executive have committed themselves to reducing health inequalities. Furthermore, both institutions have emphasised the importance of using evidence to inform policy responses. In light of such political commitments, a significant amount of work has been undertaken in the field of health inequalities in order to: (i) review the available research evidence; (ii) assess the extent to which policies have been based on this research evidence; and (iii) evaluate the success (or failure) of policies to tackle health inequalities. Yet so far only limited attention has been given to exploring how key actors involved in research-policy dialogues understand the processes involved. In an attempt to address this gap, this article draws on data from semi-structured interviews with 58 key actors in the field of health inequalities research and policymaking in the UK to argue that it is ideas, rather than research evidence, which have travelled from research into policy. The descriptions of the varying journeys of these ideas fit three types—successful, partial and fractured—each of which is outlined with reference to one example. The paper then employs existing theories about research-policy relations and the movement of ideas in an attempt to illumine and better understand the contrasting journeys. In the concluding discussion, it is argued that the third approach, which focuses on the entrepreneurial processes involved in the marketing of ideas, is most helpful in understanding the research findings, but that this needs to be discussed in relation to the political context within which negotiations take place.

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Introduction

The election of a New Labour government in 1997 heralded the promise of a new era for health inequalities in the UK. Not only was the government openly committed to reducing health inequalities (Department of Health, 1997, 1998, 1999a, 1999b), it was also promoting an ethos of evidence-based policy (Cabinet Office, 1999a, 1999b). Following devolution of key social policy responsibilities to Scotland in 1999, the first Scottish Executive (as the devolved government is known) was elected. Over the past decade, New Labour has dominated both the UK Government (with a consistent overall majority) and, since 1999, the devolved Scottish Executive (through coalition with the Liberal-Democrats). Perhaps unsurprisingly, therefore, the Scottish Executive has taken a similar line on many social policy issues, including committing itself to
the reduction of health inequalities (Scottish Executive, 2000, 2003) and to the promotion of knowledge transfer (Clark & Kelly, 2005). As the two political contexts are so closely linked (and several relevant areas, including most fiscal and social security policies, remain reserved with the English-based government), it would be difficult to study policies relating to health inequalities in Scotland without also considering the situation in England. The discussion in this paper employs interview data from Scotland and England to consider issues which appear to be relevant to research-policy relations for health inequalities in both political contexts (any differences between the two contexts will be explored in a separate paper in due course).

The political enthusiasm for evidence-based policy has re-ignited prominent debates from the nineteen-seventies and eighties about how social scientists and policymakers inform each other's work (e.g. Booth, 1988; Weiss, 1977c, 1979). After the mid-nineteen-sixties, during which significant emphasis had been placed on the use of social research in government, there followed a sense of disappointment with research-policy relations (see Weiss, 1977a). From this emerged a body of work which sought to highlight the non-linear, complex and often muddled processes involved in making policy (e.g. Cohen, March, & Olsen, 1972; Kingdon, 1995 [1st Ed. 1984]). Several models of research-policy relations were outlined in this period (see Davies, Nutley, & Smith, 2000; Weiss, 1977a), the most enduring of which is Carol Weiss’ (1977b) ‘enlightenment model’, which suggests that social research is unlikely to have any direct, measurable impact on policy but may still influence policy in diffuse, indirect ways over long time periods.

New Labour’s recent commitments to evidence-based policy have resulted in renewed interest in research-policy relations within the UK (e.g. Naughton, 2005; Sanderson, 2002; Solesbury, 2002). A major funding body, the Economic and Social Research Council, helped establish a UK Centre for Evidence Based Policy and Practice (now known as EvidenceNetwork) and a journal specifically dedicated to discussing the issue has been launched; Evidence and Policy, a Journal of Research, Debate and Practice. Specifically in relation to the issue of health inequalities, interest in research-policy relations has resulted in several reviews of the available research evidence and theories (e.g. Asthana & Halliday, 2006; Bartley, 2004; Gordon, Shaw, Dorling, & Davey Smith, 1999) as well as a number of attempts to assess the extent to which recent policy initiatives relate to the available evidence and/or are likely to reduce health inequalities (e.g. Asthana & Halliday, 2006; Davey Smith, Morris, & Shaw, 1998; Exworthy, Blane, & Marmot, 2003; Exworthy, Stuart, Blane, & Marmot, 2003; Shaw, Dorling, Gordon, & Davey Smith, 1999). Yet there have been relatively few attempts to research the processes involved in the construction of policies relating to health inequalities, or to explore the opinions of the key actors involved in research-policy relations.

The available research which is of direct relevance to the topic of this paper can, approximately, be thought of as providing three rather different perspectives on research-policy relations. The first of these constructs researchers and policymakers as two distinct communities (Caplan, 1979) and focuses on exploring the interactions between the two groups. In Canada, Jonathon Lomas (e.g. 2000a, 2000b) and John Lavis (e.g. John Lavis, 2002, 2006; Lavis, Posada, Haines, & Osei, 2004) both underline the importance of achieving shared understandings between researchers and policymakers, arguing that increased interaction between the two groups is essential for improving links between research and policy. A recent exploration of research-policy relations for health inequalities in the UK (Petticrew, Whitehead, Macintyre, Graham, & Egan, 2004; Whitehead et al., 2004) has similarly focused on the distinction between the two communities; exploring the issue through holding separate workshops with ‘senior civil servants’ and ‘research leaders’.

The second body of work focuses on the processes involved in the construction of policies and emphasises the role of politics in shaping research-policy relations. The work of Mark Exworthy and colleagues is a particularly good example of this approach within the field of health inequalities (e.g. Exworthy, Berney, & Powell, 2002; Exworthy, Blane et al., 2003). In conceptualizing how policies are formulated, Exworthy and colleagues (Exworthy, Blane et al., 2003) draw on John Kingdon’s (1995 [1st Ed. 1984]) ‘policy windows’ model, suggesting that issues get taken up and implemented in the policy world when a ‘window’ is opened by the coupling of three key streams: ‘problem’, ‘policy’ and ‘politics’. Exworthy et al’s (ibid) work suggests that the criteria for the ‘policy’ and ‘problem’ streams has not yet been met for health inequalities in the UK, which limits policy outcomes and, relatedly, the influence research is likely to have on policy.
The third approach focuses on the construction and marketing of particular ideas. This was the approach taken by Mel Bartley (1988, 1994) in her research exploring the unemployment and health debates of the nineteen-eighties. Bartley’s thesis (1988) draws on the theories of Bruno Latour (e.g. 1988 [1984]; Latour & Woolgar, 1986) to propose that political (career) interests are crucial to understanding research-policy relations, and that professional networks are the fundamental mechanism via which ‘knowledge claims’ (Knorr-Cetina, 1981) travel. Latour’s (1988 [1984], 2005) work suggests the quality of research may have rather less relevance to the potential of its influence than the ways in which the ideas emanating from research are received, translated and promoted by others.

Each of the above three perspectives is drawn on in the discussion later in this paper. Prior to this, the paper briefly outlines the rationale for choosing interviews as the main source of data before explaining the decision to focus on the influence of ideas about health inequalities, rather than research evidence. Next, the three differing journey-types of ideas about health inequalities evident in the interview data are summarised, each of which is outlined with reference to one example. It is at this point that the paper returns to the theories discussed in this introduction, in an attempt to better understand the differing journey types. Whilst the conclusions of the paper largely support Bartley’s (1988, 1994) assertions that the entrepreneurial processes involved in the marketing of ideas are crucial to understanding research-policy relations, it is argued that these negotiations can only be understood if discussed in relation to the political context within which they take place.

Methodology

One-to-one (face-to-face) interviews were selected over other qualitative methods because they seemed to provide scope to gain insights into the perspectives of a range of individuals involved in the construction of policy (Kvale, 1996) whilst maintaining anonymity to a far greater extent than observational or group research approaches would have allowed. Preparatory research involved the analysis of relevant policy documents and research evidence, some exploratory communications with academic researchers and civil servants involved in the field of health inequalities and a four-week period of observation working with social researchers at the Scottish Executive. The information collated from these stages was used to draw up a list of 85 potential interviewees, all of whom were approached, initially by letter, and then, where necessary (and possible) by a follow-up email. Of the 85 individuals who were contacted, 58 agreed to be interviewed; a relatively high response rate which indicates that people involved in health inequalities work were keen to talk about research-policy relations.

It is not possible to categorise the individuals precisely as many had moved between, or were actively involved in, more than one disciplinary context. However, Table 1 summarises the main positions of the interviewees at the time the research took place. As Table 1 demonstrates, 29 academics and 29 non-academics were interviewed. Amongst the academics, care was taken to include the perspectives of researchers who have focused on various types of health inequalities (stratified by gender, class or socioeconomic status, ethnicity, age and area) and who are associated with a range of the key theoretical approaches (contextual, health services focused, the lifecourse and early years, lifestyle-behavioural, neo-materialist and psychosocial). The non-academics interviewees traversed a range of sectors that were identified, through the initial stages of the research, as having a significant influence on health inequalities related policy. All participants were UK-based, with 29 each being

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<tr>
<th>Professional position at the time of the interview (between spring 2004 and 2006)</th>
<th>Number of interviewees in this position</th>
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<tr>
<td>Academic researchers</td>
<td>29</td>
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<tr>
<td>Civil servants</td>
<td>10</td>
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<tr>
<td>Independent research organisations (including think tanks)</td>
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<td>NHS based researchers/policy advisors</td>
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<td>Media-communications related employees</td>
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<td>Ministers/ex-ministers with portfolios of relevance to health inequalities</td>
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based in Scotland and England at the time of the interviews. As mentioned earlier, the material provided by English and Scottish interviewees was not substantially different and any variations that were evident will be explored elsewhere.

The interviewees share characteristics with those individuals identified as ‘elite’ in much of the methodological literature (Desmond, 2004; Lilleyer, 2003) but are not referred to as ‘elites’ within this article in order to avoid the implicit suggestion, which is explicit in some literature (Desmond, 2004), that interviewing individuals who occupy positions of power necessarily requires a different approach to other types of interviewing. Rather, influenced by feminist methodological approaches (e.g. Maynard & Purvis, 1994), a collaborative, non-hierarchical relationship between the interviewee and researcher was sought (Oakley, 1981), although it was also acknowledged that power relations in interviews are complex and that this aim was likely to remain an aspiration rather than a reality (England, 1994). A more detailed discussion of the methodological literature which influenced the approach taken to this research is available elsewhere (Smith, 2006).

The majority of interviews took place in a private room where, for the duration of the interview, only the interviewee and the researcher were present (the remainder, at the preference of the interviewees, took place in less formal environments such as cafés). A semi-structured approach to interviews was taken, using a themed interview schedule which focused questions around health inequalities research, policy (post-1997) and research-policy relations. The interviews varied in length, lasting between 45–150 min (although most were around 60–70 min). All interviews were recorded and transcribed verbatim by the researcher. The transcripts were anonymised in conjunction with the interviewees, before being coded to aid analysis. The full transcripts were seen only by the researcher and the interviewees, in order to protect anonymity within what is a relatively small community.

The disjuncture between research and policy

Despite New Labour’s strong rhetorical commitments to evidence-based policy (Cabinet Office, 1999a, 1999b), not a single interviewee claimed that policies aimed at addressing health inequalities had been (or even should necessarily be) significantly based on research evidence, as the following quotations demonstrate:

Senior academic researcher: “The research [on health inequalities] has had absolutely no, well, it’s had very little impact on policies.”

Civil Servant: “The policy process does not rely on research evidence… it may be challenged, it may… but there’s nothing that says, that makes the system stop, you know, there’s not a button for evidence that you have to press for the policy process to continue.”

However, before jumping too hastily into a discussion about why UK policies to tackle health inequalities have not been based on the research evidence, it is important to take on-board the lessons already learned about research-policy relations. As Carol Weiss points out, it is ideas rather than specific research evidence which tend to influence policy:

It is not usually a single finding or the recommendation derived from a single study that is adopted in executive of legislative action (although this occasionally happens). [...] Instead, what seems to happen is that generalizations and ideas from a number of studies come into currency indirectly—through articles in academic journals of opinion, stories in the media, the advice of consultants, lobbying by special interest groups, conversations with colleagues, attendance at conferences or training programmes, and other uncatalogued sources. Ideas from research are picked up in diverse ways and percolate through to officeholders in many offices who deal with the issues (Weiss, 1982, p. 622; see also Kingdon, 1995 [1st Ed. 1984])

It is indeed the case that whilst policies relating to health inequalities were not perceived by interviewees to be evidence-based, nearly all the interviewees suggested that key academic ideas about health inequalities have travelled into policy: whilst references to specific studies of, or researchers involved in, health inequalities were rare, interviewees often discussed the influence of particular idea-sets (such as ‘psychosocial explanations of health inequalities’). Although this may seem like rather a simple point, it is essential because, as this paper goes on to demonstrate, once detached from specific research findings, ideas are more easily open to differing interpretations and uses by various actors (see Blyth, 2001). The remainder of this paper takes an ideational approach (Finlayson,
by concentrating on the interviewees’ perceptions of the various journeys of ideas about health inequalities.

The contrasting journeys of ideas about health inequalities

Virtually all the well-known theories about health inequalities feature somewhere in the interview data, including psychosocial, material-structural, lifestyle-behavioural and lifecourse approaches. After analysing the ways in which the various ideas about health inequalities were discussed, it was evident that three different types of journey between research and policy were described: successful; partial; and fractured. Due to spatial constraints the following section illustrates each journey type with reference to just one example.

Successful journeys

The majority of interviewees suggested that lifestyle-behavioural ideas about health inequalities had enjoyed more success in policy than any other idea, journeying into both policy rhetoric and actions some time ago and retaining influence ever since:

Senior academic researcher (who had recently worked in policy): “... they [policymakers] still live with this idea that it’s all about bananas, which is complete rubbish. I mean it’s not exactly the policymakers fault because, you know, I mean what the civil service do with most policies is turn to the academic community, which is the correct way to do it, it’s just that... academics’ ideas for a while—it was the in vogue thing—that it was all about lifestyles, and that holds sway for the moment…”

As the above extract suggests, the idea that policies which aim to change lifestyle-behaviours will reduce health inequalities is not currently supported by much available research evidence (see MRFIT, 1982; Tudor-Smith, Nutbeam, Moore, & Catford, 1998). However, the suggestion that this approach has retained influence in policy makes sense if it is ideas rather than research which travel into policy. As Finlayson (2004, p. 536) argues, ‘[in] politics, ideas and concepts are not social scientific in nature: they are political. Their function is not necessarily to be accurate or even adequate descriptions of the world,’ but rather to act as a political tool, persuading others of the benefits in pursuing a particular course of action. If this theory is correct, changes in the research-base which support (or challenge) a particular idea will not automatically affect the position of an idea once it has travelled into policy. Indeed, ideas may become deemed, as several of the interviewees suggested in relation to the importance of smoking, ‘self-evident’ (i.e. no longer requiring research-evidence). Or, following Peter Hall (1993), once ideas become institutionally embedded it may be extremely difficult for ideas that challenge the dominant ‘policy paradigm’ to have influence. So, whilst the majority of interviewees thought the policy focus on lifestyle-behaviours underlined the lack of evidence-based policy, their comments suggest that this is an example of the successful journey of an idea from research into policy.

Partial journeys

In contrast, the descriptions of the influence of material-structural ideas about health inequalities suggest their journey has been far less successful. The publication of the Black Report (Townsend & Davidson), which had been commissioned by a Labour government but published under (and largely dismissed by) the new Conservative government in 1980, was often cited as the point at which material-structural ideas came to the attention of policymakers (see Berridge & Blume, 2003). However, it was not until the mid-nineties that most interviewees felt these ideas travelled much further into policy and, even then, the majority of interviewees felt the ideas had travelled no further than policy rhetoric:

NHS researcher: “the... sort of social circumstances causation—I think it’s picked up in the rhetoric but not so much in the policies. Well, certainly when the health department puts it into policy because... they mention it always but then, when you go into the policy it’s all about lifestyles and they say very little about actually changing circumstances…”

So, in contrast to the successful journeys of ideas about lifestyle-behaviours, the journeys of material-structural theories about health inequalities were generally articulated as limited, despite, many interviewees felt, far better supporting research evidence.
Fractured journeys

The third type of journey involves ideas that appear to have become fractured during their journey from research into policy and the example used to illustrate this is psychosocial approaches to health inequalities. On one level, psychosocial ideas appeared to be an example of research evidence travelling into policy; it was notable that, very unusually, interviewees who mentioned psychosocial approaches to health inequalities often named specific academics, notably Professor Richard Wilkinson. However, the majority of policymakers who mentioned Wilkinson’s research focused almost wholly on the links between psychosocial theories and ideas about social capital. Only one of the policymakers who mentioned Wilkinson by name also referred to his income-inequality hypothesis (which suggests that, beyond a certain level of wealth, it is the extent of inequalities in income, rather than the overall material wealth of a society, which explain health inequalities (Wilkinson, 1997, 2005)). In the following extract, one interviewee (a senior civil servant at the Scottish Executive) appears to imply that Wilkinson’s research supports the idea that the distribution of wealth does not explain health inequalities:

“It [psychosocial ideas] explains the ‘X’ factor... which, for example, in Wilkinson’s work... that if you simply redistribute the money, err, is this about wealth redistribution? Will that solve the problem? Well, it clearly didn’t create the problem and... you always leave an ‘X’ factor there, there’s some other thing unexplained... simply redistributing the wealth doesn’t explain the anomalies; again, very well shown in international comparisons. [...] So there are inequalities [...] which are not explained by simply the redistribution of wealth. And the idea that there is an issue of social capital, as well as financial capital, I find intriguing, to the extent that I’ve actually flagged it up in [a report] this year, and I’ve said to the First Minister that we have to be aware of this idea...”

Despite the specific association of the ideas being discussed with Wilkinson, the above quotations suggest that only the aspects of Wilkinson’s ideas that relate to social capital have travelled into policy, whilst the notion that health inequalities are a result of income inequalities appears to have become lost somewhere along the way. The income inequalities hypothesis for explaining health inequalities is disputed (e.g. Lynch, Davey Smith, Kaplan, & House, 2000) but, as the work and ideas of those who have critiqued this hypothesis was not directly referred to by any of the policymakers who were interviewed, the existence of competing ideas does not appear to explain the fractured way in which Wilkinson’s theories have travelled into policy.

Understanding the differing journeys of ideas from research into policy

To try to shed some light on these contrasting journeys, the paper now discusses the findings in relation to the three perspectives on research-policy relations and the influence of ideas outlined in the introduction.

Two communities?

The notion that difficulties in interacting and communicating occur between policymakers and academic researchers occurs frequently in the literature on research-policy relations (e.g. Booth, 1988; Lavis, 2006; Lomas, 2000a) and was clearly present in the interview data:

Senior academic researcher: “There are basic issues of how research is done and why it’s done that way that aren’t widely understood, in the same way that there are aspects of the policy culture, policy environment, that researchers don’t understand. I think there is still this you know, there are different cultures and I think that’s a problem”.

This suggests that Caplan’s (1979) ‘two communities’ theory, still referred to in much of the more recent literature (e.g. Oh & Rich, 1996), is of relevance. From this perspective, a ‘cultural gap’ exists between researchers and policymakers; involving different ‘languages’ and ontological perspectives. Based upon this understanding, the differences between the ‘two communities’ are substantive rather than dialogical. Consequently, the research-policy divide cannot necessarily be resolved by simply addressing communication difficulties or career incentives.

However, several aspects of the data contradict this understanding. Firstly, as we have seen, the interviewees believed that many significant academic ideas about health inequalities have travelled
into policy, albeit with varying degrees of success. Secondly, whilst Caplan’s (1979) model evokes an image of two distinct communities, the data in this research suggests that many different communities, including the NHS, the media and the wider public, are involved in research-policy relations. Thirdly, as many of the interviewees had experience of working across a range of professions and several were formally employed in more than one ‘community’ at the time of the interview, the suggestion that there is something innately distinct about each community to the extent that it limits interaction seems questionable.

Political context and policy ‘windows’

Whilst the interviewees’ comments provide limited support for either a ‘political model’ (where research is used in a pre-determined manner to support policies that it has already been decided to implement for political reasons) or a ‘tactical model’ (where research is used as a method of delaying the decision-making process) (see Davies et al., 2000 for more details), virtually all the interviewees suggested politics, economics and ideology played a crucial role in shaping research-policy relations, e.g.:

NHS Researcher: “I think that you would have to say that’s [political ideology] the strongest drive—‘cause it’s like, that’s like the veto, at the top of it all, and if the Minister at the end, or the Cabinet, say, I don’t want to go down that particular track, it doesn’t matter what the evidence is.”

Ministers/ex-minister: “Policy should, and must, always be based on judgement, on values, and some of it on instinct, otherwise what is the democratic process about, what’s the political process about?”

Whilst the suggestion that ‘political context’ (frequently described by interviewees as ‘neo-liberal’) may ‘block’, or act as a ‘veto’ to, particular ideas (such as material-structural perspectives), it does not explain why New Labour made commitments to reduce health inequalities in the first place or why funding opportunities for research on health inequalities suddenly opened up in the mid-nineties (a point made by many of the interviewees), and nor does it explain why material-structural ideas travelled into policy at all, even if only in a rhetorical sense. The ‘policy windows’ model introduced by Kingdon (1995 [1st Ed. 1984]) and utilised by Exworthy and colleagues (Exworthy, Blane et al., 2003) provides more scope for understanding the complex relationship between policy problems, policy responses and politics. This model demonstrates how ideas from research might be used to construct a policy ‘problem’ (such as health inequalities) without necessarily influencing subsequent policy actions as, in order to influence policy actions, it is necessary for the other two streams, ‘policy’ and ‘politics’, to be coupled with the ‘problem’ stream. The interviewees’ frequent references to a ‘neoliberal’ political context were usually made in ways which suggested the ruling political ideology presents difficulties for certain ideas about health inequalities, suggesting the ‘politics’ stream is currently dis-joined from the ‘problem’ stream. Furthermore, both Exworthy and colleagues (Exworthy, Blane et al., 2003) and several of the interviewees suggest the lack of evidence about the effectiveness of policies means that the criteria for the ‘policy’ stream have not yet been met either:

Senior civil servant: “The big problem in public health was that the evidence on which to base policy just wasn’t there. There was enormous enthusiasm amongst policymakers and researchers for... for a policy drive towards tackling health inequalities but it quickly turned out that... obviously the evidence for effective interventions to actually tackle inequalities simply wasn’t there.”

The ‘policy windows’ model is helpful in highlighting the role of politics in research-policy relations and is particularly good at accounting for why certain ideas might get picked up rhythmically, yet fail to influence policy outcomes (i.e. ‘partial journeys’). However, by focusing very much on construction of policies, rather than the marketing of ideas, this perspective provides only limited scope for understanding the third journey type, ‘fractured journeys’.

Entrepreneurial processes and the marketing of ideas

Many authors with an interest in the relationship between research and policy (several of whom have already been cited in this paper) emphasise the important role that ‘policy entrepreneurs’ (Kingdon, 1995 [1st Ed. 1984]) and ‘brokers’ (e.g. Lavis et al., 2004; Lomas, 2000a) play in promoting particular research ideas. So it is perhaps unsurprising that the transcripts contain multiple references
to the importance of influential individuals and expertise:

Senior academic researcher: “I think they’re [policymakers] influenced by notions of expertise—if certain people say something it must be true…”

Senior academic researcher: “I think policy contacts are incredibly important. [...] I’m quite shocked really at the number of times somebody, a civil servant, has said to me, ‘Oh, I talked to X,’ and X is one person, but if you and I were to sit down and think who is the right person to talk to? Maybe we wouldn’t have come up with X… So I am constantly reminded of the importance of the influential person.”

Acknowledging that certain individuals are better positioned to promote ideas than others is not particularly helpful, however, unless we also understand the processes that allow particular individuals to occupy the privileged position of ‘expert’. It is here that Mel Bartley’s (1988, 1994) insights into the complex entrepreneurial processes involved in the promotion of particular ‘knowledge-claims’ (Knorr-Cetina, 1981) are particularly relevant. In her case study of the relationship between research and policy, ‘Unemployment & health 1975–1987,’ Bartley (1988) employs Latour and Woolgar’s (1986) notion of ‘cycles of credit’. In this framework, ‘credibility’ is a circular process; scientists are not distinguishable from their ideas, so it is the credibility of a scientist’s ideas which improves their credibility as a scientist, and the more ‘credible’ a scientist is deemed by other actors in the field, the better access s/he is likely to have to resources (such as funding), which in turn influences the ability of the scientist to undertake research and come up with ideas that are deemed ‘credible’. In this sense, the authors liken ‘cycles of credit’ to capital investment; there is no ultimate objective, rather the success of investments is measured by the extent to which they facilitate the conversion of credibility, allowing scientists to progress through the cycle.

This project differs considerably from that undertaken by Latour and Woolgar (1986): instead of looking at the construction of scientific knowledge by studying a particular group of scientists, the research undertaken for this article involved talking to a range of individuals from a variety of disciplinary backgrounds to explore the movement of ideas between research and policy. Yet, the ways in which interviewees discussed notions of credibility within academic spheres closely resembles Latour and Woolgar’s ‘cycles of credit’. The credibility of individual academic researchers is not clearly distinguishable from the credibility of their ideas, and is closely related to their previous qualifications and positions, as well as being linked to funding; to obtain funding potential research projects had to be based on credible ideas and, in turn, the credibility of ideas emerging from research were affected by the credibility of the funding source used to support the research. The credibility of researchers’ ideas was also articulated as being dependent on a perception by other actors in the field that the ideas were ‘new’. For example:

Senior academic researcher: “that’s one of the reason’s why I don’t particularly do much on health inequalities any more because I think, you know, what have I got to say which is new? […] So that’s why you move onto a different sort of research. So our work at the moment’s on [blanked], that’s new because nobody else is doing work on that”

However, in order to be deemed ‘credible’ amongst policymakers, the data suggest other factors are involved. Interviewees suggested researchers needed to ensure their ideas had clear, implementable policy messages and that they, as researchers, were visible in circles beyond academia:

Senior civil servant: “Politicians need to be able to feel that they are, can make a difference. And therefore you not only have to market it as being a problem but you have to be able to market it as being something you can do something about.”

Senior civil servant: “I’ll tell you the phrase I absolutely cringe at—how many times do you see a research paper or assessment where the final sentence is, ‘but further research is required’? It’s just job-generation!”

Civil servant (social researcher): “There are academics who are very good but who don’t like doing media work, or just don’t do the media work, and who are therefore less well known, certainly less well-known to Ministers and so on. They don’t have that public expert kind of role or recognition so their credibility then is a bit, you know…”

In summary, to be perceived as credible amongst policymakers, interviewees suggested that researchers
need to be able to communicate clear, policy-relevant messages, provide solutions to identifiable problems (rather than solely identifying problems), avoid too much hesitancy in conclusions, and gain (visible) credibility from actors beyond academia. Within academic circles, factors that seemed particularly important to ‘credibility’ involved perceptions of academic integrity (which was often articulated in relation to sources of funding) and involvement in ‘new’ research agendas and ideas. So, investing in academic credibility seems to require a rather different approach to investing in credibility amongst policymakers. Indeed, for some issues, such as media coverage, what may constitute an increase in credibility within policy spheres may result in decreases in credibility amongst academics:

Senior academic researcher: “I think the media’s very important, as long as you use it carefully, you know, you don’t want to put out too many things [...] You know, if you just become a complete sort of media whore [laughs], sort of just throwing out all these things, then people don’t take you very seriously,”

Negotiating levels of credibility may, therefore, be particularly complex for academic researchers attempting to influence policy; in order to enjoy a successful academic career, maintaining credibility amongst academics and funders is essential and yet, to successfully influence policy, a different kind of credibility is required. Academics acting as ‘policy entrepreneurs’ or ‘experts’ are therefore required to negotiate their level of credibility with a variety of actors in different spheres.

An equally important consideration for those marketing particular ideas to policymakers is that not all ideas are equally ‘sellable’. For example, attempts to reduce smoking and interventions focusing on children were both deemed to be ‘self-evidently’ good ideas that did not, therefore, require much ‘selling’. In contrast, ideas that challenged the perceived ‘neoliberal’ policy paradigm were thought to be the most difficult to market to policy. Yet, an over-reliance on the notion that political context acts as a ‘veto’ to certain research ideas does not, as we have seen, explain how ideas which do not appear to fit in with the political context have still been able to influence policy rhetoric. One way of better understanding the variety of journeys evident in this research might be to employ Tom Osborne’s (2004) notion of ‘vehicular ideas’. In this interpretation, the people whom this section has so far referred to as ‘entrepreneurs’ are better conceived of as ‘mediators’, intellectual workers who act as ‘enablers’ or ‘brokers of ideas’, with the aim of ‘moving things along’. Rather than trying to market ‘big ideas’ or ‘grand narratives’, the ideas of choice for mediators are ‘vehicular’; a notion summarised by McLennan (2004, p. 485) as follows:

Vehicular ideas emerge as ways of problem-solving and ‘moving things on’. Anyone who wants to get from A to B, for whatever reason, can therefore usefully embrace certain sorts of ideas as ‘vehicles’ for doing so, whatever their other differences with fellow-travellers. There is an ineliminable vagueness and ‘mobility’ about these ideas because their significance can change with context, and they can be ‘owned’, and in the owning shifted in meaning, by different parts of the network.

In relation to the various journeys of ideas discussed in this paper, the concept of vehicular ideas can be used to explain both the ‘fractured journey’ of psychosocial theories and the ‘partial journey’ of material-structural ideas. In marketing Wilkinson’s ideas to a policy audience, for example, the emphasis could be placed on psychosocial pathways rather than income inequalities. For those ‘mediators’ or ‘entrepreneurs’ wishing to promote material-structural theories about health inequalities, ideas might be pitched to avoid obvious conflict with government ideology. This kind of process is evident in the following extract from the interview data:

Senior academic researcher: “If you have poverty and adversity of that nature, nothing’s gonna save you. Now, they’re [policymakers and funders] not gonna like hear that. On the other hand, I have to say, I think some probably have enough clout that we don’t need to be too tactful. But certainly when I was less experienced and I was putting in for money on [blanked], we did produce papers which were—how can I put it? We weren’t coming out and saying we were absolutely sure that [material-structural factor] causes ill-health and there’s no element of selection. We actually found the perfect way through it, which was to say, ‘well, if you look at a lifecourse perspective, you don’t have to make that opposition.’ Now that, I think that’s probably true, actually, but, you know, we were
doing it, I was doing it, I was pushing people towards it in order to be clever.”

Whilst Osborne (2004) seems to suggest that ‘mediators,’ due to the work they want to do, deliberately promote ‘vehicular’ ideas, the comments made by interviewees in this research suggest that the process may be less optional than this. The interviewee quoted above described him/herself as ‘very much a back room kind of person’, who had no desire to actively market their ideas but who felt compelled to do so due to the requirement of funding bodies such as the ESRC. This suggests academics may not necessarily be able to choose whether or not to adopt the role of ‘mediator’ and, consequently, where their ideas appear to conflict with the interests of the policy ‘user group’, they may feel compelled to promote ideas with the flexibility and metamorphosing qualities of Osborne’s ‘vehicular’ ideas.

Concluding discussion

Of the three frameworks employed to discuss the research findings, the ‘two communities’ model appears to offer the least potential for explaining the various journeys of ideas about health inequalities from research into policy. The second framework, which suggests the disjuncture between ‘problem’, ‘policy’ and ‘politics’ streams act as a barrier to the journeys of ideas from research into policy, can be used to explain why certain ideas are able to travel into policy rhetoric and yet do not appear to influence subsequent policy action (‘partial journeys’). However, this approach does it throw much light on the ‘fractured journey,’ which was illustrated with reference to psychosocial theories. It is the third and final framework, focusing on the entrepreneurial processes involved in the marketing of ideas, which provides the most scope for understanding the research findings.

Echoing Mel Bartley’s (1988, 1994) research, this framework suggests it is the complex entrepreneurial processes whereby certain ideas are promoted in particular ways, by particular people, which explains the differing journeys of ideas about health inequalities from research into policy. Within this framework, some individuals have more capacity to act as entrepreneurs than others and, again drawing on Bartley (1988, 1994), Latour and Woolgar’s (1986) notion of ‘cycles of credit’ was employed to explore this issue further. The interviewees’ comments suggest that contrasting perceptions of ‘credibility’ exist in different spheres and, of most concern to this paper, the factors influencing an individual’s credibility in policy circles are likely to be different to, and may potentially conflict with, the factors influencing credibility in academic circles (a finding not evident in Bartley’s (1988, 1994) research). This suggests that negotiating an identity as a ‘credible’ researcher with ‘credible’ ideas may be particularly difficult for academics wishing to influence policy whilst simultaneously pursuing an academic career.

The most significant difference between the findings of this research project and Mel Bartley’s (1988, 1994) work relates to the importance of political context. Whilst Bartley acknowledges that political context may have played a role in the scientific controversy surrounding the unemployment and health debate, she found, ‘political interests were very seldom quoted by the scientists themselves,’ (1994, p. 181) and, in light of this, consciously leaves a detailed exploration of the role of political context, ‘for future researchers to consider’. Although it was not the specific aim of this research to address this potential gap, the importance of political context was a reoccurring theme in many of the interviews. Furthermore, political context appeared to be closely connected to the entrepreneurial processes which both Bartley (1988, 1994) and this article employ to describe the findings. Interviewees suggested the ‘sellability’ of ideas was shaped by the wider political framework; if an idea is thought to overtly conflict with ruling political ideology, marketing to a policy audience may require a shift in meaning of the idea or, at the very least, a more flexible construction of the idea. In this sense, the interviewees’ accounts reflected Tom Osborne’s (2004) notion of ‘vehicular ideas’. Paradoxically, then, although the interviewees’ suggested ‘clear messages’ were necessary for ideas to be deemed ‘credible’ within policy circles, academics who choose (or feel compelled) to market their ideas to a policy audience may deliberately employ vagueness and flexibility as tools which enable them to promote certain ideas without overtly challenging the political context and thereby losing credibility within policy (and, potentially, funding) spheres. Thus, notions of ‘entrepreneurial individuals,’ ‘sellable ideas’ and ‘credibility’ are closely intertwined and can only be understood with reference to each other and the political context within which negotiations take place.
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