

Types of impact and examples of evidence required to corroborate the impact

TYPE OF IMPACT	EXAMPLES	INDICTORS/EVIDENCE
<p>Impacts on commerce:</p> <p><i>Impacts where the beneficiaries are usually companies, either new or established, or other types of organisation which undertake activity that creates wealth</i></p>	<ul style="list-style-type: none"> • A spin-out or new business has been created and established its viability by generating revenue or profits. • Industry (including overseas industry) has invested in research and development. • The performance of an existing business has been improved. • A business or sector has adopted a new technology or process. • The strategy, operations or management practices of a business have changed. • A new product or service is in production or has been commercialised. • Highly skilled people have taken up specialist roles (including academic consultancy) in companies or other organisations. • Jobs have been created or protected. • Social enterprise initiatives have been created. 	<ul style="list-style-type: none"> • Sales of new products/services. • Business performance measures (for example, turnover/profits, trends in key technical performance measures underlying economic performance). • Employment figures. • Licences awarded and brought to market; market authorisation. • Demonstrable collaborations with industry (including knowledge transfer partnerships, and contracts). • Commercial adoption of a new technology, process, knowledge or concept.
<p>Impacts on the economy:</p> <p><i>Impacts where the beneficiaries are usually the NHS, private health care, or agriculture</i></p>	<ul style="list-style-type: none"> • Policies have been introduced which have had an impact on economic growth or incentivising productivity. • The costs of treatment or healthcare have changed as a result of research-led changes in practice. • Gains in productivity have been realised as a result of research-led changes in practice. • The roles and/or incentives for health professionals and organisations have changed, resulting in improved service delivery. 	<ul style="list-style-type: none"> • Evidence of improved cost-effectiveness. • Evidence of service change.
<p>Impacts on public policy and services:</p> <p><i>Impacts where the beneficiaries are usually government, public sector, and charity organisations and societies, either as a whole or groups of individuals in society, through the implementation of policies</i></p>	<ul style="list-style-type: none"> • Policy debate has been stimulated or moved forward by research evidence. • Policy decisions or changes to legislation, regulations or guidelines have been informed by research evidence. • The implementation of a policy (for example, health, environment or agricultural policy) or the delivery of a public service has changed. • A new technology or process has been adopted. • The quality, accessibility, acceptability or cost-effectiveness of a public service has been improved. • The public has benefitted from public service improvements. • Control measures for infections have improved 	<ul style="list-style-type: none"> • Documented evidence of policy debate (for example, at a parliamentary Select Committee, material produced by non-governmental organisations). • Documented evidence of changes to public policy/legislation/regulations/guidelines. • Measures of improved public services. • Documented evidence of influence on health policy and/or advisory committees. • Evidence of use of process/technology.

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<p>Impacts on society, culture and creativity:</p> <p><i>Impacts where the beneficiaries are individuals, groups of individuals, organisations or communities whose knowledge, behaviours or practices have been influenced</i></p>	<ul style="list-style-type: none"> • Public understanding has improved. • Public debate has been stimulated or informed by research. • Changes to social policy have been informed by research. • Changes to social policy have led to improved social welfare, equality or social inclusion. 	<ul style="list-style-type: none"> • Documented evidence that public understanding has been enhanced through active collaborative involvement in research. • Critical reviews in the media. • Evidence of public debate. • Documented evidence of changes to social policy. • Measures of improved social equality, welfare or inclusion. • Increased public uptake of scientific training, through public engagement. • Documented shift in public attitude (for example, to sexual behaviour, or social factors in health).
<p>Impacts on health and welfare:</p> <p><i>Impacts where the beneficiaries are individuals and groups (both human and animals) whose quality of life has been enhanced (or potential harm mitigated)</i></p>	<ul style="list-style-type: none"> • Outcomes for patients or related groups have improved. • Public health and well-being has improved. • A new clinical or lifestyle intervention (for example, drug, diet, treatment or therapy) has been developed, trialled with patients, related or other groups (for example, prisoners, community samples), and definitive (positive or negative) outcome demonstrated. • A new diagnostic or clinical technology has been adopted. • Disease prevention or markers of health have been enhanced by research. • Animal health and welfare has been enhanced by research. • Care and educational practices have changed. • Clinical, dietary or healthcare guidelines have changed. • Healthcare training guidelines have changed. • Decisions by a health service or regulatory authority have been informed by research. • Public awareness of a health risk or benefit has been raised. • Public engagement/involvement in research has improved. • Public behaviour has changed. • The user experience has improved. • Animal health and welfare has been enhanced by research. • The control of diseases has changed. 	<ul style="list-style-type: none"> • Measures of improved clinical outcomes, public behaviour or health services (lives saved, reduced infection rates). • Measures of improved well-being. • Documented changes to clinical and public health guidelines (documented references to research evidence in guidelines). • Evidence from audit, change in guidelines. • Documented changes to animal welfare codes or guidelines. • Evidence of enhanced awareness of health risks and benefits by consumers. • Evidence of enhancement of patient experience.

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<p>Impacts on the environment:</p> <p><i>Impacts where the key beneficiary is the natural or built environment</i></p>	<ul style="list-style-type: none"> • Policy debate on climate change or the environment has been influenced by research. • Environmental policy decisions have been influenced by research evidence. • Planning decisions have been informed by research. • The management or conservation of natural resources has changed. • The management of an environmental risk or hazard has changed 	<ul style="list-style-type: none"> • Sales of new products, or improvements in existing products, that bring quantifiable environmental benefits. • Verifiable influence on particular projects or processes which bring environmental benefits. • Evidence of generic environmental impact across a sector, confirmed by independent authoritative evidence. • Traceable reference to inclusion of research into government policy papers, legislation and industry guidance. • Traceable reference to the influence of research in planning decision outcomes.
<p>Impacts on production:</p> <p><i>Impacts where the beneficiaries are individuals (including groups of individuals) whose production has been enhanced</i></p>	<ul style="list-style-type: none"> • Production, yields or quality have increased or level of waste has been reduced. • Decisions by regulatory authorities have been influenced by research. • Costs of production, including food, have been reduced. • Husbandry methods have changed. • Management practices in production businesses have changed 	<ul style="list-style-type: none"> • A new product has been recommended for use or adopted. • Development of a new plant variety or crop protection product which has entered the appropriate national or international regulatory testing system. • Published rights for animals and plants. • Evidence of improved sustainability. • Documented changes to working guidelines. • Documented evidence of improved working practices and/or level of production.
<p>Impacts on practitioners and services:</p> <p><i>Impacts where beneficiaries are organisations or individuals, including service users involved in the development of and delivery of professional services</i></p>	<ul style="list-style-type: none"> • Professional standards, guidelines or training have been influenced by research. • Practitioners/professionals have used research findings in conducting their work. • The quality or efficiency of a professional service has improved. • Work force planning has been influenced by research. • Forensic methods have been influenced by research. • Educational or pedagogical practices and methods have changed outside of the submitting unit. • Law enforcement and security practices have changed. 	<ul style="list-style-type: none"> • Literature/web information from practitioners and advisers, including the research findings and how they are applied in practice. • Evidence of adoption of best practice (for example, by educators or law enforcement personnel).
<p>Impacts on international development:</p> <p><i>Impacts where the beneficiaries are international bodies, countries, governments or communities</i></p>	<ul style="list-style-type: none"> • International policy development has been influenced by research. • International agencies or institutions have been influenced by research. • Quality of life in a developing country has improved. 	<ul style="list-style-type: none"> • Documented evidence of changes to international development policies. • Measures of improved international equality, food security, welfare or inclusion. • Evidence of take-up and use of new or improved products and processes that improve quality of life or animal welfare in developing countries.