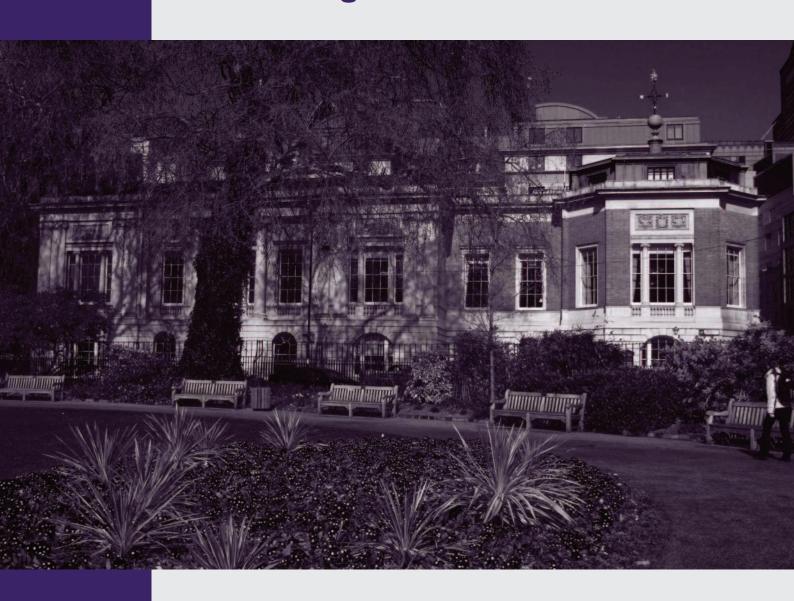**National Seminar**

Social Care Research: Status 2010

Proceedings

Trinity House, Tower Hill, London

Tuesday 2 November 2010

Professor Martin Knapp

A common way for a researcher to finish a paper reporting their latest findings is to recommend 'more research'. It is, of course, both a truism and a cliché that there are always more questions than answers. Although this applies as much to the field of adult social care research as any other, we wanted to make sure that a one-day event organised by the London School of Economics and Political Science on behalf of the NIHR School for Social Care Research (SSCR) would not finish with just such a recommendation. Even though there has never been a huge body of empirical evidence to inform and support adult social care practice and policy discussions, and even though research methods could sometimes be more robust, the purpose of the day was to reflect on broader issues.

A key aim was to reflect on developments in social care research over the five-year period since a similar event was organised by the Department of Health in 2005. Another aim was to feed back findings from an on-line survey of researchers, funding bodies, councils, voluntary organisations, people who use services and carers: the survey elicited views about the current state of adult social care research and recent developments. About 80 people participated in the day's discussions – and very actively too – in the splendid surroundings of Trinity House. Stimulating presentations were offered in the morning, followed by an 'open space' session in the afternoon.

Many suggestions flowed from the discussions, as detailed in this report. Making the research community more aware of funding opportunities was one strong theme, with implications for funding bodies too. Researchers were encouraged to put more emphasis on topics pertinent to people who use services and their carers, and those most relevant to today's challenging economic and social context. Better translation of results into practice would be in everyone's interests, and more emphasis could be given to non-standard routes of communication. Indeed, ensuring and demonstrating impact (on policy, practice and individual lives) came through almost all the sessions. SSCR is already taking these and other messages forward.

This report has been pulled together expertly by Tess Poole, and organisation for the day itself was managed with characteristic efficiency by Anji Mehta. I thank them both as well as each of the delegates for making it an enjoyable and productive day.

INTRODUCTION

Background

It is nearly two decades since the Department of Health's review of social care evidence – *A Wider Strategy for Social Care Research* – identified major limitations in funding, capacity and dissemination. Those findings were revisited in 2005 at a national seminar on 'The State of Social Care Research' which recommended a number of key 'action points' including:

■ Consultation by the Department of Health with all stakeholders on achieving a joint research strategy which can optimize resource allocation and use;

■ Increased collaboration between funding bodies in agreeing research priorities;

■ Consideration by both funders and research users of what needs to be in place for better implementation and dissemination of social care research;

■ Government departments and the regulator to explore the feasibility of including research activity within the performance assessment of personal social services;

■ Consideration of a range of options to improve career structures in social care research and to secure research funds.

Five years on, the London School of Economics and Political Science on behalf of the National Institute for Health Research (NIHR) School for Social Care Research (SSCR) was asked by the Department of Health (DH) to organise a follow-up event to assess developments over the intervening years, and more generally to take stock of the state of social care research today and what it can contribute to improved social care practice. The aim of the national one-day seminar *Social Care Research: Status 2010* was to bring together as wide a group as possible to review progress against the 2005 recommendations, and to consider the future direction and challenges for social care research.

Since the 2005 event, the creation of SSCR, led by Professor Martin Knapp and with a budget of £15 million over five years, has put social care research on firmer foundations. SSCR formally started work in 2009, and is committed to ensuring that the research it commissions and funds is relevant to social care practice in England. It welcomes suggestions from all stakeholders for future research topics. *Social Care Research: Status 2010* provided an opportunity to establish a joint vision of the priorities for collaborative and fruitful academic research, so that ideas could be taken forward by the DH, SSCR and the social care research community.

Participants

The seminar brought together a wide range of individuals who play key roles in social care research including participants from central and local government departments, research commissioners, service providers, practitioners, researchers, people who use services and their carers. Just over 80 delegates attended.

The format of the day

The event was introduced by Professor Martin Knapp, SSCR Director, and the morning sessions were chaired by Julie Jones, Chief Executive of the Social Care Institute for Excellence (SCIE).

In the morning, a range of speakers gave brief presentations highlighting their main concerns and where they saw opportunities for social care research. This was followed by a presentation and panel discussion on the results of a survey carried out by SSCR on the state of social care research. Throughout these sessions, participants in the audience were given regular opportunities to provide feedback and voice their opinions.

The afternoon was taken up by workshops and facilitated discussion using the 'Open Space' technique, run by Annette Zera of Getting On Brilliantly. These sessions enabled participants to discuss issues raised during the day, and then prioritise a number of recommendations on the future of social care research.

The event was concluded by David Behan, Director General for Social Care, Local Government and Care Partnerships, Department of Health.

FIVE KEY MESSAGES FROM THE DAY

- **Funding**. The Department of Health is committed to funding social care research; a range of funding streams are open to social care research proposals that are 'needs-driven' and relevant to health and care services and people who use them. There is nevertheless still a need for funders to explain more clearly and widely what these research funding opportunities are, who is eligible, and the terms and conditions being applied.

- **Content**. In the current economic climate, a 'very strong, tough case' for social care research (both for individual projects and for social care research in general) needs to be made in terms of outcomes and efficiency. To achieve this, the research community must establish a stronger, unified, sense of direction – with the strategic needs of people who use services, carers and social care practitioners at its core. Within the current policy context of increased personalisation, self-directed support, developing community capacity and co-production, it is important that research projects focus on issues that are relevant to the experiences of people who use services and family carers. In this environment, there is considerable potential to 'mine' the existing evidence base, refresh it and re-present it in ways that are relevant to today's issues and challenges.

- **Collaboration**. Alliances of funders, researchers, practitioners and people who use services would help to develop a more coherent strategic approach to social care research. Successful research should ideally be co-produced, with mutual respect and collaboration. That means not only giving partners information about the outcomes of the research, but also listening, talking and working together to decide future research priorities. In particular, people who use services and carers should be involved in developing the research agenda, not only in providing data. This would help researchers

look at the problems that people who use services think are important, rather than questions set by researchers. Other perspectives are also important, including those of providers, commissioners, and local authorities. Moreover, greater collaboration is needed between health and social care research, given the continuum in needs and outcomes, and the potential for savings and cost-effectiveness gains across the two sectors.

- **Dissemination and knowledge transfer.** A great deal more needs to be done to improve the communication of research results, and this is a shared responsibility across the social care community. Dissemination should be built into all research projects using a twin-track approach that covers both academic and non-academic outlets. For non-academic audiences, research findings need 'translating' and disseminating in ways people find easy to understand, using plain English that avoids jargon and obscure terminology. Non-academic dissemination should include events (for people who use services/carers/practitioners) as well as written information.

- **Impact**. Social care research must be able to demonstrate its impact on policy and practice. This can be challenging as impact may be indirect and is seldom immediate. Successful impact is closely tied to improved collaboration and dissemination. It relies on long-term partnerships with commissioners, practitioners and people who use services and their carers, covering the framing of the questions, project design, dissemination and, finally, translation of the findings into practice. Research can have particular impact if frontline staff hear about it and know where to find the research-based evidence that is relevant to their day-to-day decision-making. To increase impact, recommendations with resource implications should always be costed.

SSCR is committed to using the very interesting results of the seminar discussions and would encourage other organisations and individuals involved in social care research to do likewise.

THE CURRENT STATE OF SOCIAL CARE RESEARCH – SUMMARY OF PRESENTATIONS

■ **Funding body perspective**
Dr Glenn Wells, Deputy Director and Head of National Research Finance and Programmes, Department of Health

Dr Wells stressed that the Department of Health and the National Institute for Health Research (NIHR) are active funders of social care research. In the year 2008/09, the NIHR committed £23 million to social care related research, and the Department of Health a further £17 million. On top of this was the 5-year £15 million SSCR initiative. Looking specifically at the research programme budget, about 10% of spending is relevant to, or directly related to, social care research.

The 'doors are open' to social care research proposals, said Dr Wells. The NIHR's 'responsive-mode' programmes fund unsolicited ideas from researchers, with grants in the range of £250,000 to £2 million. The Evaluation and Trials programmes, which cover service delivery and organisation, are also open to social care research involvement. Decisions on all research funding are 'needs-driven', and must be relevant to the requirements of the community and services. In addition to the programme research funds, the NIHR's support for research infrastructure is also potentially relevant for social care research activities.

■ **Local authority perspective**
David Burnham, Adult & Community Services, Lancashire County Council (representing the Association of Directors of Adult Social Care, ADASS)

Social care has traditionally been 'starved' of research funding compared to the NHS, but in recent years a distinct identity has been established for social care research. Few councils with social services responsibilities (CSSRs) have their own research staff, so most research is undertaken by universities in collaboration with local authorities. CSSRs receive regular requests (and a large number of surveys) from researchers, but often these are for projects that have little resonance with social service professionals. The ADASS reviews project proposals where work with more than four CSSRs is proposed, and is more likely to advise that they merit support when projects take account of the time required from staff, are relevant, are likely to be completed and usable, and will be carried out in a reasonable timeframe.

While ADASS does not have its own overall set of priorities for research subjects, a straw poll by Mr Burnham with colleagues ahead of the seminar suggested some key areas on which social care researchers should focus:

- Supporting an ageing population with less staff and resources
- The impact of safeguarding processes
- Commissioning and contracting for outcomes
- Disabled people's perceptions and choices
- Value for money and outcomes – what is cheapest and most effective?

- Prevention, diversion, delay – what array of responses slows down progress of people through the care system?

Councils want answers to 'today's problems, today', but that does not always fit with research agendas. Overall, a more robust evidence base is needed before social care practitioners and management will be able successfully to embed social care research into practice. To this end, ADASS is keen to work closely with the research community and has the 'raw material' that researchers need. However, CSSRs have limited resources and also have their own emerging sense of priorities so they would like the research community to establish a stronger, unified, sense of direction – with the strategic needs of social services professionals at its core.

■ Provider sector perspective
Martin Green, Chief Executive, English Community Care Association (ECCA)

The independent sector feels very disconnected with social care research, mainly due to lack of clarity about the outcomes of the research. Around 70% of social care services are delivered in the independent sector by 24,000 registered organisations, so there is a challenge for the sector to develop a coherent view of what it wants from social care research. At the same time, the challenge for researchers is 'to know where to start when they engage with that diversity of providers'.

There is a perception within the provider community that research is all about what is going to happen in the future, that it does not address today's issues, and that it often concerns topics that might be interesting but are of questionable use. This prejudice and lack of engagement probably stems from a combination of the providers' lack of understanding of the research agenda, a lack of awareness among some providers of previous research, and a view among other providers that previous research has not changed anything.

There is therefore a need to refocus the engagement between social care researchers and the independent sector. SSCR has helped by giving some clarity and coherence to the research agenda. But researchers still need to explain the potential benefits of their research, they must be realistic about the timeframes, and they must realise that it costs independent providers time and money to engage with research projects. The research community needs to recognise that it cannot deliver without the support and engagement of the independent sector, and that research must be a partnership endeavour. Successful research has to be co-produced, with mutual respect. That means not only giving partners information about the outcomes of the research, but also listening, talking and working together to decide future research targets. This will lead to the different parties working together more cooperatively. By engaging the whole system, the research agenda will become more coordinated and useful.

Key points made during discussion

- ■ Researchers said they had found it quite difficult, and at times unrewarding, to engage with the independent provider sector. In response, Martin Green said that ECCA was trying to identify what type of research was useful to its members in making decisions. At the moment, for instance, he has been trying to engage ECCA members in looking at what research tells us about reconfiguring services when budgets are tightening. It would be

useful to engage in a dialogue with researchers about what issues and blocks they experience when dealing with independent providers, and also to explain the independent sector's perspective. The Chair suggested that it might be worth arranging a special event bringing together the umbrella organisations from the two groups to discuss better engagement.

- Given that more social care research is funded outside SSCR than within it, one participant questioned how the priorities identified by the SSCR influence the research that is funded elsewhere. If a researcher does not know what other research is being funded by NIHR, they may not know the context for making new research proposals. This spread of disparately funded activity makes it difficult to obtain an overall picture of social care research, especially as local authorities are also carrying out research on issues relating to quality. A more coherent approach is needed, especially when funding is scarce, to ensure the best use is made of resources. In response, it was explained that NIHR is carrying out an analysis to identify the range of research it funds that has relevance to social care, and this will be linked with the SCIE social care register – all of which will help increase transparency.

- Researchers find they have to justify a social care component in an agenda that is otherwise focused on health issues in order to secure NIHR funding for a social care element. Also, there are some NIHR funding streams, such as NIHR doctoral fellowships, that are closed to someone with a social care professional background and only available to individuals dedicated to health research or from a health background. In response, Dr Wells said the Department of Health was aware of this issue, and he would see what was being done to address it. Martin Green stressed that for effective outcomes and efficient use of resources, there is a requirement for systems that understand continuums of care between health and social care. The dialogue would be much richer if social care and health professionals have a debate about mutuality.

- Participants asked about the likely impact of the current budget constraints on future Department of Health and NIHR expenditure on social care research. Dr Wells said the Government was committed to health research. No figures have been published, but the Department of Health research budget will increase in real terms, with additional money for translational work. Mr Burnham added that, in the current economic climate, it was essential to know what services produce good outcomes and are cost-effective, what preventative measures work, and citizens' preferences and behaviours. All of this requires continued commitment to research. Within local authorities, however, there are difficult decisions to be made.

- Martin Green argued that it was much more difficult to defend the position of social care research because when funding was more plentiful the research community had not been very good at identifying what benefits had come from their work. A 'very strong, tough case' for social care research needs to be made in terms of outcomes and efficiency. Without that, research funding will be vulnerable when money is tight. There is 'a lesson for everyone' in terms of putting forward strong coherent reasons for why research is important in bad times as well as good.

- In uncertain times there are also real funding constraints facing UK universities and research institutions, said one participant, whereas in France and the US research is increasing and being protected. Martin Green responded that in a context where there are tough choices about cutting care packages, the research community has to send a focused, clear message that it deserves funding because it is important to the agenda. 'Nobody deserves a living in tough times' and academics are perceived by practitioners as doing the soft work, he said. The Chair added that if it is necessary to design the research agenda around current priorities then the research community needs to address this challenge.

- Participants welcomed the Department of Health's commitment to additional money for translational work that will help put research into practice. But more needs to be done to make use of research and to share findings – and this is a joint responsibility across the social care community. The Chair added that it was important to capture what is known, 'because we know a lot more than we used to about what works, what doesn't and what makes a difference'. Research results need translating and disseminating in ways that people find accessible and easy to understand, and SCIE spends a lot of time trying to do this more effectively.

- **Researcher perspective**
  Elaine Sharland, Senior Lecturer in Social Care and Social Work, University of Sussex

A consultation published in 2010 for the Economic and Social Research Council (ESRC) on capacity in academic research in social care and social work revealed that many people recognise social work research but do not know what social care research does. There is no formal disciplinary recognition or self-designation by the research community in the UK or overseas, creating an issue of identity - and the consequent need to establish such an identity, with improved visibility and status for the field. Additional issues exist regarding the relationship between social care research and social work research, as well as the 'problematic interface' between adult and children's social work and social care research.

On the positive side, the consultation found a recognition of high quality social work and social care research that provides both fundamental knowledge and results that are relevant for policy and practical use. Disciplines such as social policy, economics, public health and psychology have all contributed methodological and intellectual 'rigour' to the field, especially in terms of quantitative work, evaluation and cost analysis. Meanwhile, social work research contributes a direct link with practice, with work that is credible, participative, action-oriented and sensitive. The best research was seen to span disciplines and professional fields, and to explore the interfaces between policy and practice, and between the individual and the social.

However, the perceived deficits included a fragmented research base, with piecemeal, short-term projects and insufficient use of large datasets and cohort studies. At the same time, too much research was seen to be 'in hock' to government and policy agendas, and designed to offer 'quick fixes' rather than a real depth of understanding. Methodological and conceptual improvement was needed, plus greater diversification and innovation in the work carried out. There was insufficient interdisciplinary engagement between policy and practice, so that social policy and economists miss the realities of day-to-day practice and user experience.

Conversely, there was also a perception that social work research, focusing on practice, missed 'the bigger picture' of policy, social and economic context.

In terms of research capacity, deficits in social work lie with the 'older demographic' of the academic workforce, and the way researchers recruited from practice do not necessarily have a strong social science research base. Deficits for social care rest with reluctance of others to engage with this research field, because it does not have a lot of funding or status, and is a lot 'more messy'. Under-funding has made it hard to build capacity and human resources.

The current spending constraints represent a big challenge to arguments for building capacity, but there are also opportunities in the present context:

- Social care research has a strong case to make in terms of meeting the requirement that academic research must be able to demonstrate social and economic impact

- There is an economic argument to be mounted that 'the cost of no research is much greater than the cost of good research'

- There is the potential for co-sponsorship of research and capacity development, especially with health

- There are opportunities to develop enhanced leadership and identity for this field of research and there may be an argument for developing a learned society for social work and social care, to give it a distinct profile.

■ Research user perspective
Angie Carmichael, Director, Sparring Partners Disability Training, Research and Consultancy

Social care is changing, and expectations about responsibilities and the role of individuals within social care have also changed. Research needs to reflect these changes and keep in step with the latest developments in a fast-moving arena. Within the current context of personalisation, self-directed support, developing community capacity and co-production, it is important that research projects centre on issues relevant to the experiences of disabled people, people who use services and family carers. This is brought into even sharper focus by the current financial situation. Evidence-based research which involves stakeholders and people who use services will help to ensure that scarce resources are used efficiently and can make a contribution to the transfer of many social care functions to voluntary and charitable organisations.

However, while progress has been made, there is still a way to go towards the meaningful involvement in research of people who use services. *The 2010 Count Us In* user workshop report (by the organisation Shaping Our Lives for INVOLVE) found a perception among individuals that the research community still views disability from a medical perspective, which makes meaningful involvement and changing the inherent power imbalances in research harder to change. It was felt that experiential knowledge of people who use services was seen as less valuable than academic or statistical data; service user research or 'grey literature' was not respected by academics; and qualitative research did not have the status of quantitative research.

Suggested ways forward include:

- People who use services should be involved in developing the research agenda, not just in providing data; this would help researchers look at the problems that the community of people who use services think are important, rather than those set by the researchers

- There should be incentives for a greater proportion of research funding to be directed towards new user-led research approaches which support diversity of involvement

- More work is needed to improve the communication of research to ensure that it is based on plain English and avoids jargon and obscure terminology

- Findings should be disseminated in 'easy read' and other summarised formats.

- More emphasis should be placed on building links, alliances and understanding between researchers, research organisations and user/carer-controlled organisations.

The focus of research must be on outcomes that make a difference to people's lives. The agenda of people who use services should increasingly become the prism through which the value of research proposals is examined.

■ Charitable body perspective
Emma Stone, Acting Co-Director, Policy and Research, Joseph Rowntree Foundation

Four issues need to feature in discussion. First is the pace of change and the impact of spending cuts on social care research. There has always been a tension between the pace of policy change (which is currently fast-moving) and the need to generate good quality research – because they operate to different timeframes. So it is important to consider how best to mine the existing evidence base, refresh it and re-present it so that it speaks powerfully to today's issues and challenges. A lot of research, from five or even ten years ago, is still relevant and it is important that it is not lost. At the same time, there is a need to think ahead – to consider the important research questions for the future, and to make sure that the relevant evidence will be available when it is needed in three or five years' time. It is also important to sharpen the 'tools' for translating research so that it impacts on policy and practice. There have been some good policies in recent years, but practice has still been highly variable.

Secondly, devolution, decentralisation and localism all present a wide range of challenges for research and funders. There are opportunities, because research will potentially be picked up in the areas or regions where it fits. But there is going to be a widening divergence and more variation in services under the current policies, and this raises questions for research about whom it seeks to influence, whom to engage in research, and the selection of fieldwork sites.

Thirdly, there is the question of how to balance the value of social care with the other elements in people's lives, such as housing or transport. Reports regularly call for 'joined-up' services, and there is a challenge in how social care research connects with other important areas of research. Similarly, social care research is needed into the increasing proportion of people who will not qualify for publicly-funded social care.

Finally, there is the question of who does the research. As well as the greater commitment

these days to involving people who use services, there is also value in involving multiple stakeholders, including providers, commissioners, ADASS and local authorities, services user organisations, user-led organisations, and carers. This is becoming more common, particularly at the national level, but further hard work is needed to bring these different perspectives together – something that will provide the strength and the power to do good quality research that has an impact.

Key points made during the discussion

- A research funder said it was disappointing that people still talk of research and dissemination as two separate activities. Perhaps recognition is needed in research budgets that for R&D just as much money needs to be spent on the 'D' as the 'R'. Such a funding model would create a completely different form of engagement between researchers and research participants. This would engage practitioners, but it requires a 'sea change' for conventional academic commissioners to think in this way. There is a need to get away from the notion that the researchers can sit in their 'ivory towers' putting out 'pearls of wisdom' for practitioners to use.

- Participants voiced concerns that the issue of how to promote the implementation of research has been raised many times, but does not seem to move forward. What are the stumbling blocks, and how can they be removed? In the US, for instance, there is a designated proportion of funding to be used for dissemination.

- Emma Stone suggested that one problem can be that the person most involved in a project may be a contract researcher who moves on to new work just at the point when the project is ready to disseminate its findings. This undermines the potential to work with a research team in the follow-on phases. Additionally, academic researchers are sometimes not the best disseminators, and they should look upon the dissemination phase as a partnership.

- Elaine Sharland suggested that the picture was improving, as most research funders these days are specific and demanding about dissemination, knowledge transfer and engagement in making the knowledge useful. There is more emphasis on demonstrating impact. It is important for bodies like SCIE to help researchers to get the research 'out there', and for researchers to learn from them. Dissemination is not a one-way process; it is a two-way or multiple-way street. It involves co-production, partnership and mutual engagement.

- Angie Carmichael called for information to be available in a variety of accessible formats, and for the research community to be creative in disseminating the practical implications of knowledge. It was important to involve other people, including disability groups, to help this effort.

- The Chair commented that SCIE has put a lot of thinking and energy into finding different formats and ways of sharing information with a very diverse sector, and this is beginning to bear fruit. Information needs to be packaged to help people differentiate between what is, and is not, useful to them. Those on the receiving end of research material need to be assisted to follow the appropriate trail. The appetite for knowledge and evidence exists,

particularly for evidence which can help people make difficult decisions in the current economic climate.

■ Martin Knapp agreed that improvement in dissemination and knowledge transfer was needed, but suggested that social care research nevertheless does fairly well in terms of impact on policy and practice compared to many other groups in the research community. Finding a way forward, the secret to good impact is a long-term partnership with commissioners, practitioners, people who use services and carers. There needs to be a commitment to partnership working, from framing the questions, to project design and then dissemination and translation of the findings.

SURVEY INTO THE STATE OF SOCIAL CARE RESEARCH

A short online survey on the state of social care research was run by the SSCR to gather information and views from as wide a group as possible to feed into discussions at the seminar. The survey aimed to gauge opinion on how far some of the recommendations from the 2005 seminar on social care research had been taken up, and to identify actions that could further improve adult social care today (for example, asking if social care research evaluation methods have changed and which methods should be employed).

The survey covered research priorities, research focus, funding, governance and ethics, evaluation methods, translating research into practice and policy, research capacity in adult social care, participation in research, and threats and opportunities to future social care research. More than 200 people completed the online survey, including researchers, managers, practitioners, funders/commissioners, people who use services and carers. A preliminary description of the findings was made available to people attending the 2 November seminar, and a report on the survey results is provided in Annex II.

A panel of experts was invited to comment briefly on the results of the survey.

■ **Carol Lupton**
  Senior Principal Research Officer, Policy Research Programme, Department of Health

The survey provides an indication where there has, and has not, been progress over time, and the balance of strengths and weaknesses in social care research. The following results provide evidence of demonstrable progress:

• It is generally perceived (though less so on the part of practitioners) that social care research is becoming more practice-based;

• It is also seen to be more multi-disciplinary and inter-disciplinary;

• There is a perception that research findings are becoming easier to access, assisted by the Social Care Research Register. It is important to ensure we have good knowledge about what is already known, before we spend limited resources on commissioning new research;

• There is also a perception (though less so among people who use services and carers) of more effective user-involvement and user-engagement in research.

However the survey also indicates areas where social care research may be progressing less well. These include the need to demonstrate much more clearly the impact that investment in research is making, especially in a context where investment in all areas is being scrutinised more carefully.

The biggest single issue for Dr Lupton arising from the survey was the view that the main threat to social care research was the potential loss or reduction of funding. As a funder, this was not her perception; at the Department of Health there has been at the very least a consolidation of the funding and support available, and in many cases significant new opportunities. The establishment of the NIHR SSCR is clear acknowledgement of the pivotal contribution of social care to the nation's health and wellbeing. The message to the research community is that it needs to draw down these funding opportunities. It needs to get smarter and sharper and more 'opportunistic' about shaping research proposals to secure available funding. If social care research is not getting this funding, it may need to address issues of quality, relevance and policy impact in its research proposals.

Funders must also make more use of the limited collective resources. There are some obvious potential common agendas, there are key issues where combined resources could usefully develop and expand the empirical evidence base. In particular, a huge amount of very disparate research investment is made at local council level, and this needs to be harnessed to provide a more coherent overview of research activity in the sector. The Department of Health is committed to working with other research funders, both at national and local levels, to see if a more strategic approach to building the collective evidence base can be developed.

■ **Christine Barton**
  Lay Member SSCR and founding member of Inclusive Living Sheffield

It is not surprising that few individuals who use services took part in the survey. How many saw it at all? It would be useful to have a survey with different questions that are directed at these individuals. The majority do not know about SSCR and do not have much interest in social care research. They are much more interested in what makes a real difference to their lives; they do not tend to believe that research will lead to change. The low profile of SSCR is a great pity, because people who use services are the people best-placed to create pressure to bring about change in response to good research. There was also a low number of responses from people employed in local authorities; many of them also feel that research does not have much to do with their day jobs.

Among the small number of people who use services who did respond, a significant minority did not believe their views were taken into account when research priorities were identified, they said it was difficult to find research results, they did not believe that research findings had brought about improvements, and they did not believe there were enough opportunities for their organisations to become the deliverers of research rather than the participants.

In her experience, a lot of the SSCR research proposals are 'more of the same', and very few develop innovative methodologies. Researchers need to make the maximum use of people who use services to help shape the design of research proposals. It can be very difficult sometimes to see the trajectory that leads from research into change in practice. Further investment, not necessarily in funding, is needed in terms of requiring research to translate

findings into practice. The collaboration in leadership for applied health and social care may have a part to play, but is not yet a reality. The message is: good research, yes - but it has to come out of the 'ivory tower' and influence lives.

■ **Sharon Witherspoon**
Deputy director of the Nuffield Foundation, and lead on research in social science and social policy

The survey asks: how have things changed in the last five years? That presupposes that respondents know what it was like then, and what it is like now. So the level of 'don't knows' is not surprising, as people have to know not only what research is being done now but how that differs from what was done 5 years ago. The next stage in the debate is a plea for 'concreteness' – in all its guises. Rather than asking about how things have changed in the abstract, it might be helpful to focus on what issues need more research and what kind of evidence is needed.

One aspect of 'concreteness' is illustrated by an analysis (by Madeleine Stevens) of studies funded into child protection services. This demonstrated the mis-match between the research that was commissioned and what practitioners said they wanted: 64% of funded studies looked at causes and understanding issues, but only 16% of practitioners requested that topic. Some 45% of practitioners wanted studies on effectiveness and 'what works', but only 13% of funded studies were in this area. By looking at the outcomes of interventions and collecting some 'epidemiological' evidence, we may make more sense of some of the dilemmas that practitioners face. It will not tell practitioners what to do in a particular case, but it will help see what evidence underpins different pathways, and help us progress in understanding what makes a difference, how much it costs and so on. These are examples of 'concrete' issues that can be addressed.

It is also important to ask what isn't there enough of, what is there too much of, and what is there to feel pleased about? Research is now much better placed to look at important issues such as outcomes and value for money, but it could do better in examining the different pathways that people follow and how these relate to outcomes. There is also still the question of representativeness; it is often very hard to recruit large representative samples of particular populations. Representative surveys are still under-used in social care research, and there is scope to look at the modules of social care questions that are included in some of the big health surveys such as the Health Survey for England and the English Longitudinal Study of Ageing. Research should not be driven only by those who currently do get services; it should also look at those who do not, and consider why that is happening (for example, the work of Professor Ruth Hancock about whether capital or income thresholds have greater impact on long-term eligibility for social care as funding rules change).

Finally, one possible model for engagement could be the designation of specialist strategic practitioners, perhaps embedded in local authorities, who are able to point their colleagues towards the relevant experts, evidence and literature on a specific subject. Similarly, individuals could be deployed from research teams to work with social workers when complex studies were being undertaken and resources were needed to select people for randomisation and so on.

Given the budget cuts at local authority level, there is a risk of a move away from evidence-informed practice and policy. 'Responsiveness to local needs' may lead not only to more services reflecting a postcode lottery but also greater influence of individual prejudices, concerns and viewpoints. Practitioners will be under increased pressure but they will not know what works. The research community should be respectful of the needs of practitioners in what they offer.

- **David Challis**
  Professor of Community Care Research, University of Manchester, and Associate Director, NIHR School of Social Care Research

One survey question asked 'Have adult social care research findings been effective in helping to improve adult social care over the last five years'? The most common response was 'don't know', and this needs to be addressed. This relates to some of NIHR's activities in recent years. It is about more than dissemination; it is translation. Knowledge translation needs to be just as much of an issue for social care as it is in health care, when rolling out new treatments and interventions. Using a model from other countries, the Department of Health has sponsored the development of academic health science centres which brought together providers, commissioners, and people who are generating knowledge in order to enhance the speed of take-up of new ways of working.

There are two strategies to think about in relation to social care. Why shouldn't social care engage with the same sort of approach? The strategic priorities for NHS Trusts are issues like quality and prevention, and these are not dissimilar to social care goals. To give one example, quality healthcare cannot be provided if people are stuck in hospital, and social care is critically important to addressing bed-blocking. One approach, therefore, is to ask where social care fits into these priorities. The alternative, picking up on an idea mooted at the Department of Health in the 1980s (by Jack Barnes), is to think about developing in social care the equivalent of the teaching hospital model. This could create Academic Social Care Institutes (ASCIs) in selected local authorities, to link researchers, commissioners, and providers with people who use social care and their carers. Such a community would drive social care research forward. They could develop linked to, or in partnership, with Academic Health Science Centres (which are themselves partnerships between healthcare providers and universities).

Key points made during the discussion

- Dissemination is clearly an issue. When asked whether adult social care research findings have become easier to access over the past five years, 35% said they had, but 46% answered 'don't know', indicating that dissemination is not being done very well.

- There were a large number of 'don't knows' throughout the survey. This was in itself an answer, said one participant. For one question about knowing what is going on, it was striking that, as well as practitioners and managers, researchers also replied that they did not know. Nor did they know if they were having an impact. It is a big challenge for SCIE. This participant said he had not heard of SCIE.

- One service user said that research can be robust, but if there is no robust process for implementation then the ideal outcomes or models identified through research will not be implemented. So the process of implementation needs to be better supported. Is there a need for something in social care to bridge the gap between academia and the grassroots? In addition, a research project's findings might not suit, or might need to be adjusted to meet, the demands of a changing policy environment. It is difficult to see how research projects can cope with that. Robust models, for example in health care, can all too swiftly be discarded for a new model.

- It was suggested that there has been a 'positive step-change' in the language that is being used about roll-out and implementation. Previously there was an 'inertia model', whereby good research piled up and finally 'rolled out through the door'. Now at NIHR and elsewhere there is more a concept of 'grabbing it and bringing it through' and engaging people. This is a pro-active dissemination and transfer process. Part of the 'grabbing' is an educational and information process; it is also a matter of people commissioning new things and practitioners reviewing what they do.

- Carol Lupton suggested that, from the point of view of a funder, the 'don't knows' in the survey were a function of the complex relationships between the different Department of Health and NIHR research funding mechanisms. So one responsibility of funders is to be much clearer with the research and service user communities about what resources are available. Funders could explicate more clearly and pervasively where the research funding opportunities are, who is eligible, and under what conditions.

- It is also important to increase transparency by bringing together an understanding of the research that has already been carried out. Carol Lupton said applications are regularly submitted to funders on questions that have already been addressed, or relate to questions which, if brought together, would result in findings that are more significant and robust.

- Sharon Witherspoon said most participants could envisage a 'map' with dissemination, communication, translation and implementation of research findings. But the 'don't knows' are saying: 'Next time let's ask questions about specific issues and topics for research, for example on paying for care and discharge planning. The various parties will be more able to have a robust discussion if it concerns 'concrete' research questions rather than broad generalities, such as 'how do we solve dementia problems?'. It is not that these larger questions are unimportant, but that in social care research it sometimes seems easier to retreat to the abstract level rather than to ask specifically about some of the problems and issues that we know are the 'big' problems we need to address.

- There was concern about whether long-term funding was available, but also a view that, compared to some other countries, the Department of Health has been a 'remarkable' funder of long-term projects. Carol Lupton said researchers needed to be sensitive to the constantly shifting policy context. They should 'parcel up' their evidence for the various audiences to read, and start feeding out results after 6 months as part of a staged release of information over the course of a long project.

'OPEN SPACE' WORKSHOP

The aim of the afternoon workshop was to shape and focus the material and ideas from the morning discussions in order to agree on a range of recommendations for taking forward social care research. By the end of the day, the organisers wanted to arrive at some sense of agreed priorities.

Question:

How do we improve the quality, relevance and impact of research in adult social care?

To begin with, participants were asked to create their own agenda by suggesting specific topics under the umbrella of a general question that had been set by the organisers.

Everyone was invited to write on a piece of paper a statement or question that they wanted to discuss with other people. These were stuck on the wall and numbered. The people who had proposed these subjects then sat in the designated part of the room for their numbered topic. Other participants selected the topics which they wanted to bring up a specific topic discussion groups. Once the break-out sessions started, participants moved between groups and joined discussions as they felt inclined.

The leader of each break-out group made general notes of the discussion and listed any specific recommendations for change that arose during the session. Towards the end of the workshop, all these recommendations were stuck on the wall and participants were issued with adhesive dots to allow them to prioritise the recommendations.

While not a scientifically robust process, the results of the workshop gave an indication of which subjects and recommendations resonated most strongly with participants.

The following section sets out the statements and questions put forward by the workshop participants, and lists the associated recommendations that proved the most popular during the prioritisation process. As some of the original discussion topics covered overlapping areas, they have been grouped together under subject themes. Separately, Annex 1 provides an outline of the key points made during the break-out discussion groups.

RESEARCH IN A COLD CLIMATE

Statements and questions

Make best use of existing data.

How do we get the 'soft, touchy-feely' social care academics and practitioners to talk to the 'nasty, hard' economists – and vice versa?

How to fund, properly integrate and genuinely utilize multi-method research?

Recommendations receiving the greatest support

■ Agree on a protocol for data sharing, endorsed by different stakeholders (ADASS, Department of Health, funders etc) and to apply across all sectors.

■ Construct a knowledge base with acknowledged strengths and limitations, and examples of research questions. This would be kept up to date and publicised. It would offer feedback to providers and local authorities, who would be able to make better use of their data through a partnership model.

■ Social care needs to have clear and well articulated objectives that can be quantified.

■ Social care research would benefit from the inclusion of economics and quantitative methods in social policy research training (in the same way as medical students and engineers have to cover these subjects).

■ Research funders and other stakeholders should collaborate on setting research agendas.

HEALTH AND SOCIAL CARE RESEARCH COLLABORATION

Statements and questions

Social care and health research impact on people along a continuum. How do we persuade health professionals so that they recognise that social care research is an important area for collaboration?

Break down distinctions between health and social care through:

    research designs

    research funding

    supporting joined-up service delivery

    cross-sector outcomes and savings

    social care research not being the 'poor relation' of health research.

Recommendations receiving the greatest support

■ The Department of Health should look at funding joint health and social care projects focused on shared outcomes across health and social care and funding/savings across both sectors.

■ We need to know more about what works in practice, including research into relationships within research collaborations.

■ Health and social care are important as a continuum and need to link and cross-refer in meaningful ways.

■ Engage local commissioners/decision-makers in health and social care on issues of cross-cutting importance and develop research plans.

- If people can see the whole picture including cost-effectiveness evidence they are more likely to take it seriously e.g. GPs are more likely to invest in community care if it is clear there will be savings for them.

- Encourage data-sharing protocols.

- Joint research calls and proposals to be encouraged.

- Set up broader 'Institutes of Age and Ageing' that are multi-disciplinary and locality based to look at issues from different perspectives.

INVOLVING PRACTITIONERS AND PEOPLE WHO USE SERVICES IN SOCIAL CARE RESEARCH

Statements and questions

Need to raise the profile of research and involving practitioners and people who use services throughout.

How to maximise participation by people who use services to ensure research is relevant?

How can an alliance of funders, researchers, practitioners and people who use services be brought into being to develop a coherent strategic approach to social care research?

Who should shape social care research, and how can people who use services access researchers?

Involving research participants who do not have English as a first language.

Recommendations receiving the greatest support

- Challenging culture/creating networks:
  - time and funding for developing ideas
  - matchmaking between people who use services, carers, practitioners and researcher
  - SSCR coordinating the research knowledge base to assist people who use services and carers
  - online promotion of information that we already have
  - supporting people who use services, carers and practitioners to share knowledge across sectors, including face-to-face meetings.

- Accessibility of research:
  - use of web for sharing information
  - involve people through promoting/championing findings
  - social networking e.g. twitter/facebook/microsites.

- Social working education:
  - need newly qualified social workers to be ready to ask for evidence
  - work to focus on leading and supporting a culture of using evidence and research.

- Encourage development of shared agendas between funders, research producers, people who use services and providers.

- SSCR to play a role in creating an alliance?

- Keep opportunities open for funders' forums to explore common interests and share investment through a specific, high-level discussion and collaboration.

- Maximise opportunities for condition-specific agendas to be met, distinct from broad 'social care'.

- Think more creatively about social networking/online involvement for people to suggest/shape the research agenda. Text research questions to central database that researchers could access. People then vote for ideas, raise up agenda and funders can access too.

- Use a model of 'planning for real' – locality-based – to get ideas from anyone, even if not involved in social care right now.

- Non-English language and communication issues need to be seen as a sub-set of user involvement in research design and research governance.

IMPROVING THE DISSEMINATION AND IMPACT OF RESEARCH FINDINGS

Statements and questions

How can we improve the dissemination of research findings?

How do messages from good research make their way to front-line staff? How can they be made to be relevant to those staff and their managers?

When Prime Minister David Cameron and President Sarkozy met they used a translator/interpreter. Do researchers with results and providers/local authorities need a model of translation/interpretation service? What would it look like?

How do researchers and the various organisations work together to improve the impact of research?

Recommendations receiving the greatest support

- Dissemination should be built into all research projects: use twin-track approaches (academic and non-academic outlets); non-academic dissemination should include events (for users/carers/practitioners) as well as written information.

- SSCR and other stakeholders to link with the College of Social Work to get dissemination of research findings on its agenda from the start.

- For impact, create networks and partnerships (and use ADASS policy networks) to reach different audiences including:
  - policy makers
  - those in training
  - practitioners
  - self-funders.

- At the start of research, form 'collaboration' of strategic stakeholders:
  - to coordinate agenda building and shaping
  - for information exchange and networking
  - to facilitate co-funding of research and impact.

- Fund a research unit within a provider agency with an open brief. Do a pilot involving SCIE, with collaboration of social care research funders supporting this, including local councils.

- Establish something like an Academic Health Science Centre model which incorporates social care.

- SCIE to 'hook' research work onto the decisions that people in organisations (e.g. London boroughs) will have to make.

IMPROVING SOCIAL CARE RESEARCH CAPACITY

Statements and questions

We need to make sure that we fund some research into fundamental questions of causation and effectiveness.

How can we bring more good researchers into the social care field?

Recommendations receiving the greatest support

- Social care researchers need to get access to some larger grants than are available from SSCR to be able to carry out some studies of effectiveness using more sophisticated methods than many social care researchers use at present. One option would be applying to NIHR which may require working in partnership with health care researchers.

- Increase supernumerary positions (non-regular members of staff) in existing research teams through visits, secondments and internships. These should focus on bringing in new entrants, researchers in associated fields, and people working in care services.

SPECIFIC RESEARCH AREAS

Statements and questions

How do we ensure that the requirements of both those eligible for funding and those who are self-funders are fully taken account of in social care research?

How can we encourage more research which tracks the impact of informal caring?

Supporting people with dementia at home – what shows services are effective?

Recommendations receiving the greatest support

- Research projects should address social care provision holistically for both funded and self-funded users. Among the topic suggested for research were:
  - what information and support do self-funders want and need to plan and manage their care and support?
  - what happens to people who receive signposting?
  - what is an equitable approach to personalization whether funded or self-funded?

- It is crucial to have more focus on the impact of informal caring, with a key focus on demonstrating the financial benefits, given the scale of the contribution made by informal carers.

- In determining effective dementia care there is a need for both a whole system approach and a multi-modal approach.

CLOSING SESSION

Views from participants

"I felt that we'd had an opportunity to talk as well as to listen, as a consequence of which the world is even more complicated than I thought it was."

"It's the value of being able to network like this and share ideas, and recognise that other people are tackling the same problems."

"My sense is that it is our responsibility and it is time for action."

"A very good day, but depressing that I am still asking the same questions 25 years on."

"It emphasised for me that the future of social care is tied up with integration with health care."

"I had expected today to be a lot about compartmentalisation …But by the end of the afternoon I came back to the conclusion that we do share common agendas and perspectives and by talking together we can understand how to make our own contribution."

"It's been really good talking about research for a whole day."

"I still don't know, but I know a bit more about what I don't know."

"Looking at where we were in 2005, and where we are now, there is a sense of progress. Social care is part of a wider enterprise, and I feel very positive about that."

"I'm excited about all the knowledge out there that is just waiting to be mined if we had the resources to do it."

"Wouldn't it be great if after today we have a new force for collaboration between the national bodies that are engaged in this area to really address this question of how we have an impact?"

"I've enjoyed hearing all the enthusiasm for doing collaborative research."

David Behan
Director General for Social Care, Local Government and Care Partnerships, Department of Health

In closing remarks to the seminar, David Behan said that when he took up his current position four years ago, he was determined that research would be a component in how policy was decided. So it was 'fantastic' when the argument was won to set up the SSCR. While social care's share of the total NIHR research budget may currently be only 10%, 'the only way it can go is up'.

He noted that the priorities that had emerged from the workshop were all about collaboration. At the seminar itself, researchers, funders, and a wide range of other people involved in social care research had come together to have a conversation. The strength of social care research will grow as this sort of collaboration increases.

He said there was no point having a debate about whether social care research is 'special'. This is irrelevant to service users. What matters to people is: do I get access to good quality care that helps me to maintain my independence, in a way, in a place, and at a time that is helpful to me?

What is needed is for communities – like the one created by the seminar – to think through how social care will need to operate over the next decade. The premium will be on collaboration, 'not on shouting the loudest'; indeed the social care research community has a responsibility to operate collaboratively.

Over the next five years there will be a need to focus on 'the clarity of the endeavour between health and social care', and the independency of changes in other areas such as welfare reform. So the points made during the seminar about the interdependencies between public services are real ones, and need to be reflected in the research.

Mr Behan said the seminar had raised deeply challenging issues. He would take away the views and recommendations, and with Department of Health colleagues consider how to take them forward.

ANNEX 1: DISCUSSION POINTS FROM THE WORKSHOP

RESEARCH IN A COLD CLIMATE

Statements and questions

- Make best use of existing data.

- How do we get the 'soft, touchy-feely' social care academics and practitioners to talk to the 'nasty, hard' economists – and vice versa?

- How to fund, properly integrate and genuinely utilize multi-method research?

Key points made during the break-out sessions

- It is cost-effective to make use of existing data.

- We need data-sharing agreements for 'non-traditional' data.

- There is a cultural difference between social care and health services regarding holding data and providing them to researchers.

- There is a need to raise awareness of the importance of available data.

- There is a need for a mapping exercise to establish who is holding what data.

- There is a need to link data between health and social care.

- Data systems are primarily designed for use in the banking industry, not for social work; so should new systems be created specifically for social workers to use?

- A virtual, interactive forum could be set up to share data and ideas, and this could be used to build a database.

- Everyone studying social policy and sociology should have a basic economic/financial knowledge; universities should offer modules.

- Too many researchers are set in their ways; they should choose the approach most relevant to their research rather than the other way around.

- Social care researchers and economists may work with different end users in mind, for instance practitioners versus politicians/policymakers.

- Everyone should make more effort to communicate across divides.

- Economic arguments need to be simplified.

- There is a need to improve the status of social care and in doing so enhance the status of soft/qualitative concepts.

- Hard science is funded better than social science.

- Can a story work better than a number? How can we get 'best of both worlds'?

- There is a need to understand that social care practitioners are defensive (having had to fight for budgets) and often do not want to 'buy in' to the economists' agenda.

- Social care practitioners and academics need to remember that policymakers have to defend policies in terms of costs and therefore often need quantitative data.

- Clarity is wanted from funders about which kinds of questions are key, and this would help give the right weight to different methods.

- Collaboration is needed between researchers, research users (policy and practice, and people who use services) to help translate research, particularly in respect of different kinds of evidence, and to integrate the results of different methods.

- What kind of literature review drives the research?

- There is a need to avoid the same research methods being used to get similar answers. The question of what skills need to be added to research proposals should be addressed through early engagement.

- Different research questions need different kinds of research design/methods.

HEALTH AND SOCIAL CARE RESEARCH COLLABORATION

Statements and questions

- Social care and health research impact on people along a continuum. How do we persuade health professionals so that they recognise that social care research is an important area for collaboration?

- Break down distinctions between health and social care through:
  – research designs
  – research funding
  – supporting joined-up service delivery
  – cross-sector outcomes and savings
  – social care research not being the 'poor relation' of health research.

Key points made during the break-out sessions

- Research needs to be organised around care pathways and people's lives.

- It needs to blend different methodologies and there needs to be respect for each other's disciplines.

- Cultural factors mean that we talk about 'health and social care' – but why not 'social care and health'?

- Is there potential to set up multi-disciplinary centres of excellence?

- It needs to be recognised that cost-effectiveness evaluation is more challenging in community and social care – it is more linear for health outcomes.

- How can the prevailing climate be changed in terms of commissioner expectations?

- Commissioners must be engaged in the local cross-cutting issues that need to be addressed.

- Social care and health research have different disciplinary bases and methods. Both have a lot to learn from each other: social care needs to learn quantitative methods and health needs to learn social science methods.

- In health, randomised controlled trials (RCTs) can be done more easily; social care is a 'messy' world and randomisation may not be possible.

- Social care researchers need to press home the message that they are part of the system, and look at the vehicles for doing that.

- Social care should focus on user-defined outcomes to obtain a higher profile and status.

- Greater localisation of service provision will provide new opportunities for investigation as local authorities will be going in their own directions, but this also poses a challenge in terms of evaluating a wide range of different service models.

- Mechanisms such as professional training are needed to improve mutual understanding, given the cultural differences between health and social care. At worst, people do not speak to each other and there are misunderstandings, for instance that health wants to control social care. In multi-sectoral teams, health and social care professionals often do not understand each other.

- One of the big divisions is between acute and community services. Community care is where we can see integration.

- Social care research is more valued in mental health than in other parts of the health service.

- The management of long-term conditions constitutes an increasing proportion of health care and it is in this area that a more holistic approach is needed, something which social care is good at.

- There is a need to build into social care research goals the importance of demonstrating the financial value of the preventative aspects of social care, and that means savings for health.

- People who use services have different types of relationships with health and social care services. In order to change the image of social care one needs to look at creating a service that people value. But most social care workers earn the minimum wage, and that determines its image. Research will not solve this problem.

- How many service units are there providing health and social care within the same environment? This could allow the interchange of methods.

- Health and social care research centres should be developed.

- Research funding streams discourage a joint workforce research initiative. A joint funding stream could be launched by the NIHR in order to see who responds.

- At the moment, health and social care academics try obtain funding for joint projects, but this is predominately at a local, not national, level.

- Are local initiatives at community level the answer to joint health and social care research?

- Social care needs to be strong in its own right in order to stand up to health. It needs to develop its own edifice of equal power. Social work and social care domains have developed massively over recent decades, but need to raise their game. Areas for action include:
  – the need for more sophisticated methodologies.
  – social care does not have a body of integrated research to build on.
  – there is a role for looking at what exists.
  – what outcomes are social care researchers agreeing to use – avoid a situation where they are all measuring different things.

INVOLVING PRACTITIONERS AND PEOPLE WHO USE SERVICES IN SOCIAL CARE RESEARCH

Statements and questions

- Need to raise the profile of research and involving practitioners and people who use services throughout.

- How to maximise participation by people who use services to ensure research is relevant?

- How can an alliance of funders, researchers, practitioners and people who use services be brought into being to develop a coherent strategic approach to social care research?

- Who should shape social care research, and how can people who use services access researchers?

- Involving research participants who do not have English as a first language.

Key points made during the break-out sessions

- Put people who use services and practitioners at the centre of research.

- Engage with 'end users' early on.

- Give answers to questions in a way that means they will be relevant in the future.

- Researchers need to be able to provide a 'narrative' of the benefits and improvements that have, or will, flow from applying the research.

- Funding imposes a time limit on research. Funders should allow time to enable people who use services, carers and practitioners to participate.

- People could be paid to participate – this is common practice in health, less so in social care.

- Should funders be more rigorous in expectations of how research will connect with social care practice. There is a need to demonstrate relevance.

- The question of 'what the research is for' gets lost in the process and research loses sight of people who use services, carers and practitioners.

- There is a lack of culture of using evidence; how can this be created?

- Academics need to connect with councils.

- Funders need educating so that they do not fund research that excludes relevant participants on communication grounds. There is scope to build up and share interpretation resources.

- SSCR is making in-roads in developing a coherent approach to the research agenda

- There are disincentives to collaboration among research producers.

- In developing a research strategy it is important first to agree the needs and then promote collaboration around them.

- How do relevant voices get fed into priority setting by research funders?

- Funding can be shared, or distinct but with common processes/events.

- Funding should make much better connections between research and provider agendas.

- Education of social workers and practitioners to become research-minded.

- There is a responsibility on all sides to improve the connectedness of research and practice.

- How can people not involved in existing networks feed into the research agenda without waiting for researchers to go and look for them?

- Should research only be done by people who have experienced services (i.e. some disabled people are the researchers)?

- Priorities come from practitioners, people who use services and carers.

- Work is needed to build up banks of picture and interpretation resources for non-English speakers. Include forums that enable people to share these resources.

- Active education of funders – ideally they would not be funding research that excludes relevant participation on communications grounds.

IMPROVING THE DISSEMINATION AND IMPACT OF RESEARCH FINDINGS

Statements and questions

- How can we improve the dissemination of research findings?

- How do messages from good research make their way to front-line staff? How can they be made to be relevant to those staff and their managers?

- When Prime Minister David Cameron and President Sarkozy met they used a translator/interpreter. Do researchers with results and providers/local authorities need a model of translation/interpretation service? What would it look like?

- How do researchers and the various organisations work together to improve the impact of research?

Key points made during the break-out sessions

- There are tensions between universities' demands for publication in peer-review journals and the need for dissemination to the 'end users' of research.

- Non-academic outlets are valued by 'end users' (professionals, carers and people who use services) but not by universities.

- Can we include costs of dissemination in funding bids eg pay someone to write/draft non-academic outputs?

- How can funding for dissemination continue beyond delivery of final report?

- Maintain contacts with senior local authority staff and when research is mooted put dissemination on the agenda from the start (eg we want to interview X staff and deliver Y feedback seminars).

- Ways of dissemination include: SCIE; Making Research Count; Community Care, and similar publications; local authority and university press officers; carer and service user networks; voluntary sector organisation newsletters.

- How can we ensure that frontline staff hear about research and know where to look for research-based evidence (Cumbria has good practice in this field)?

- Need to recognise/accept that single research studies do not lead to 'eureka moments' – what is more realistic is the 'drip-drip effect' of cumulative knowledge.

- More sophisticated understandings of 'impact' are needed, as impact is often indirect and seldom immediate.

- Suggestion that ADASS could act as pivot – receiving summaries from researchers and distributing (via email round-up) to local authorities.

- Suggestion that executive summaries (2 pages) are mandatory within research reports (half page bullet points even more welcome).

- 40% of Community Care readers have no engagement with online resources: what does this mean for the means by which research should be disseminated?

- Researchers need to improve their skills (or pay someone else to) in writing accessible, relevant research summaries.

- Need to work on and think about the receptiveness of the audience: 'end users' may be resistant to research findings which challenge their existing world view.

- Researchers need to build ongoing relationships of trust with local authorities: the way forward could be to engage better with regional local authority networks.

- Dissemination should/could be broader than printed and e-copy information: opportunities for people to network, discuss and digest findings are also vital.

- There is a need for continuity and development of topics after the 'formal' research funding.

- Learn from international examples (such as Finland) where researchers are placed in agencies – a bit like teaching hospitals.

- Research commissioned by providers to address issues important to the service.

- Research agendas to include perspectives of people who use services.

- Involvement in research of people who use services and their carers must be funded.

- There is a need to counter the 'top-down' research agenda.

- Researchers based in agencies can get embroiled in agency policy and politics.

- People who use or commission social care need good access to research outcomes, but does everybody know this? Lots of local authorities have 'conviction' managers.

- There is a need to identify the intersections between care and health in care pathways.

- There are lots of 'ifs', 'buts' and 'maybes' regarding personalisation approaches and there is a need to distinguish between means and ends.

- There can be a tension between politics and the research evidence – but also opportunities for implementation of research evidence at key moments.

- Relate research, and tie it down, to localities.

- Achieve impact by tying research to value for money and outcomes.

- For impact, do we have a way to pull research together into a coherent whole, including through the use of scoping and reviews?

- There is an issue of who gets the credit for research given the need sometimes to let go of it in order to get an impact.

- Research could be disseminated to local authorities through a daily email service that they pay for.

- Researchers could talk directly to groups of frontline staff as part of continuous professional development.

- Research must be presented in the right way so that it is accessible and seen as important.

- It also needs to cover what does not work.

- To increase impact, recommendations should only be made with resource implications.

IMPROVING SOCIAL CARE RESEARCH CAPACITY

Statements and questions

- We need to make sure that we fund some research into fundamental questions of causation and effectiveness.

- How can we bring more good researchers into the social care field?

Key points made during the break-out sessions

- Too much social care research has too narrow a scope – and is too cheap.

- There is a need for a stronger evidence base about the impact of social care on people's lives. We need rigorous studies of effectiveness e.g. need studies of the dynamic of the relationship between professionals and people who use services, and which are effective, and testing out the importance of continuity of relationship.

- There are questions about the possibility of doing random controlled trials in social care, but we need to start using more sophisticated methods e.g. regression analysis.

- We do need to try to grapple with suitable outcomes measures.

- We need to evaluate some of the fundamentals of practice, not just new interventions.

- We need to 'up our game' in social care research and do some studies on a bigger scale.

- Deterrents to entry include: difficulties in obtaining funding, especially as a lone researcher at the start of career; poor career prospects; the field is not recognised or obvious to people in traditional academic disciplines; the lack of training roles for those without experience; service careers offer better remuneration; and it is hard for individuals to gain entry given the complexity of the field and context.

SPECIFIC RESEARCH AREAS

Statements and questions

- How do we ensure that the requirements of both those eligible for funding and those who are self-funders are fully taken account of in social care research?

- How can we encourage more research which tracks the impact of informal caring?

- Supporting people with dementia at home – what shows services are effective?

Key points made during the break-out sessions

- How do we ensure that research projects address social service provision for both funded and self-funded people who use services?

- There is a need to address issues about the identification and recruitment of informal carers to studies; they are difficult to access.

- There is a need for more active research with carers rather than just relying on surveys.

- We need to know about interventions which help, or harm, informal carers.

- When considering the effectiveness of dementia services, there needs to be an appreciation that the outcomes are contingent on whom you are looking at and when you are looking.

- In dementia care it is important to have the concept of a care pathway underlying the monitoring of effectiveness.

ANNEX II: SOCIAL CARE RESEARCH: STATUS 2010

PRELIMINARY FINDINGS FROM AN ON-LINE SURVEY

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On behalf of the NIHR School for Social Care Research

27 October 2010

1. Why we did the survey

In 2005, a seminar organised by the Department of Health considered the state of social care research, and a number of recommendations were made. A report on the seminar was made widely available (with the recommendations featuring in the report as action points). The NIHR School for Social Care Research was asked to organise a follow-up event to see how things had changed over the intervening five years, and more generally to take stock of the state of social care research today. The subgroup organising the follow-up event – planned for 2 November 2010 – decided to run a small on-line survey to elicit views.

The aims of the *Social Care Research: Status 2010* survey were to gather information and views from as wide a group as possible to feed into the November 2010 discussions. The survey therefore sought to find out how far some of the recommendations from the 2005 seminar had been taken up, and to identify actions that could further improve adult social care today (for example, asking if social care research evaluation methods have changed and which methods should be employed).

This report offers a preliminary analysis of the findings of the on-line survey. More work will be done on the data collected following the 2 November seminar. The full report of the survey will be made widely available in a few weeks.

2. How we did the survey

On-line survey

It was decided to run the survey as an on-line activity using the Survey Monkey website. This had the advantage of potentially involving a large number of people, speeding up the processing of data, and keeping costs down. On the other hand, it limited to some extent the types of question that could be asked, and the number of questions that could be included. It also limited participation to people who have on-line access. We also had no way of gauging response rates. We were not able to gauge representativeness of the sample of people who completed the questionnaire, but then no survey method would have been able to do this because there is information on the population of people with relevant interests.

The survey was run from the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE), advised by the subgroup responsible for organising the 2 November seminar (Angie Carmichael, Caroline Glendinning, Gill Hastings, Martin Knapp, Carol Lupton, Angela McCullagh, Angela Mehta, Martin Stevens, Emma Stone) and the Executive Group of the SSCR (some of the above, plus David Challis, Jim Mansell, Jill Manthorpe, Ann Netten).

Piloting

An initial draft questionnaire was constructed and piloted with a small number of researchers and others. Various changes were made to the overarching structure of the questionnaire, including how it directed respondents to different categories of question depending on their identified 'role' in adult social care (such as researcher or practitioner), and to the wording of specific questions. Second and third rounds of piloting led to further changes as we struggled to find a format that did not over-burden respondents, that directed different types of respondent to different (if overlapping) topic areas, and which spanned as far as possible the recommendations from the 2005 seminar and the issues most prevalent in social care research today.

The final questionnaire asked respondents to identify their role (such as researcher in adult social care) in the opening question, and they would then be automatically led through a series of questions. At the end of that series they would have an opportunity to choose a second role (such as carer) if that was applicable in their case. This second choice would direct them to a series of additional questions (which had been posed to people who chose that role as their primary response), but avoiding repetition. In this way we were able to give people an opportunity to comment on a range of topics pertinent (we hoped) to their role in adult social care, while keeping the length of the questionnaire as manageable as possible. This final version was piloted and found to be acceptable, and we thank our pilot samples for their patience and support!

Emails were sent out to as many people as we could think of who would be likely to have a view on social care research. Notices were put on numerous websites. We also inserted notices of the survey in *Community Care* magazine and various other places.

3. What we found: some initial results

We have generally taken the decision not to offer much commentary on the tables that follow, as the results are largely self-explanatory.

3.1 A note on categories of respondent

As noted above, respondents were asked to choose their 'role' in adult social care research, and various questions flowed from that choice. They could then choose a second role if relevant. In reporting the findings, respondents are categorised on the basis of the role they selected to answer that part of the survey. For example, one question was: *Do researchers have sufficient support?* This question was asked to researchers and funders/commissioners.

- If somebody chose their primary role as researcher and any other or no secondary role,

then they would be categorised as a researcher for the purposes of reporting the findings for that question.

- If, on the other hand, they chose funder/commissioner as their primary role and researcher as secondary, they would be classified as a funder because they were asked this question before selecting their secondary role.

- If, to take a third option, a respondent chose carer as their primary role and researcher as secondary, they would only have been asked this question after they selected researcher as their secondary role, and so would be classified as researcher for this question.

In the tables we therefore use the label 'primary responses' to indicate what people answered in their primary role, and 'primary and secondary responses' to indicate what people answered as (say) a researcher either because they chose researcher as their primary role or as their secondary role. In other words, the latter was intended to capture the views of *everyone* describing themselves as researchers.

3.2 Respondent numbers and characteristics

Number of respondents to start survey (beyond submitting information about their role): 306

Number of respondents to complete survey for at least one role: 226

Table 1: Number of respondents by category

Category	Number of primary respondents	Number of secondary respondents
Researcher	153	7
Funder/commissioner	18	6
Someone who uses services	7	4
Carer	8	8
Practitioner	26	2
Manager	79	3
Other	15	31
Total	306	6

Table 2: For RESEARCHERS – for which type of organisation do you work? (respondents could tick more than one category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
Service provider – voluntary sector	2	3
Service provider – private sector	0	0
NHS	9	10
Central government	5	5
University	83	83
Private research company	5	5
Third sector/ charity	14	14
Local government	20	23
National government	1	1
A research council	3	3
A local authority	14	15
Self-employed	18	18
Other	2	2
Total	176	182

Approximately half of the respondents who have a primary link to adult social care research as a researcher work in a university.

Table 3: For RESEARCHERS – in which country do you currently work?

Category	Number of responses: Primary only	Number of responses: Primary and secondary
England	66	69
United Kingdom	56	58
Scotland	11	11
Finland	2	2
Italy	2	2
USA	1	1
Northern Ireland	1	1
Total	139	144

The vast majority of respondents work in the UK. (People who responded, say, 'UK/Scotland' were allocated to Scotland for the purposes of this table.)

Table 4: For RESEARCHERS – please indicate the number of years you have been an adult social care researcher

Number of years	Number of responses: primary	Number of responses: primary and secondary
< 6	43	43
6–10	37	40
11–15	22	23
16–20	17	18
21–25	8	8
26–30	5	5
> 30	5	5
Total	137	142

Table 5: For FUNDERS/COMMISSIONERS – for which type of organisation do you work? (Respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
Service provider – voluntary sector	1	1
Service provider – private sector	1	1
NHS	1	1
Central government	4	4
University	1	1
Private research company	0	0
Third sector/charity	4	8
Local government	5	7
National government	0	0
A research council	0	0
A local authority	1	1
Self-employed	0	0
Other	3	3
Total	21	27

Table 6: For FUNDERS/COMMISSIONERS – how much (in £) was commissioned in the last financial year by you or your organisation?

Commissioning range (£)	Number of responses: Primary only	Number of responses: Primary and secondary
< 50,000	5	6
50,001–100,000	2	3
100,001–500,000	3	6
500,001–1 million	1	1
> 1 million	1	1
Total	12	17

Table 7: For FUNDERS/COMMISSIONERS – for how many years have you personally been a commissioner of adult social care research?

Number of years	Number of responses: Primary only	Number of responses: Primary and secondary
< 6	5	7
6–11	3	5
11–15	4	4
> 15	1	1
Total	13	17

Table 8: For PEOPLE WHO USE SERVICES – please indicate your connection to adult social care research (respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
I read research reports	1	4
I do adult social care research	3	3
A member of an ethics committee	2	2
Participated in a research study	1	4
On an advisory/consultation group	2	3
Keep in touch by other means	4	7
Other	0	0
Total	13	23

Table 9: For PEOPLE WHO USE SERVICES – please indicate the number of years you have been involved with adult social care

Number of years	Number of responses: Primary only	Number of responses: Primary and secondary
< 6	0	1
6–11	2	3
11–15	0	2
> 15	2	3
Total	4	9

Table 10: For CARERS – please indicate your connection to adult social care research (respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
I read research reports	3	5
I do adult social care research	0	2
A member of an ethics committee	0	0
Participated in a research study	1	3
On an advisory/consultation group	4	5
Keep in touch by other means	3	5
Other	0	1
Total	11	21

Table 11: For CARERS – please indicate the number of years you have been involved with adult social care

Number of years	Number of responses: Primary only	Number of responses: Primary and secondary
< 6	3	3
6–11	2	2
11–15	0	0
> 15	1	1
Total	6	6

Table 12: For SOCIAL CARE PRACTITIONERS – for which type of organisation do you work? (respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
Service provider – voluntary sector	2	2
Service provider – private sector	2	2
NHS	4	4
Central government	0	0
University	3	3
Private research company	0	0
Third sector/charity	3	3
Local government	7	8
National government	0	0
A research council	0	0
A local authority	7	8
Self-employed	3	3
Other	1	1
Total	32	34

Table 13: For MANAGERS – for which type of organisation do you work? (respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
Service provider – voluntary sector	9	9
Service provider – private sector	6	6
NHS	3	3
Central government	0	0
University	0	0
Private research company	1	1
Third sector/charity	12	12
Local government	25	25
National government	0	0
A research council	0	0
A local authority	23	24
Self-employed	1	1
Other	7	7
Total	87	88

Table 14: For PEOPLE WHO HAVE ANOTHER CONNECTION TO ADULT SOCIAL CARE RESEARCH – for which type of organisation do you work? (respondents could tick one or more category)

Category	Number of responses: Primary only	Number of responses: Primary and secondary
Service provider – voluntary sector	0	0
Service provider – private sector	0	0
NHS	2	2
Central government	0	3
University	2	4
Private research company	0	1
Third sector/charity	2	3
Local government	2	3
National government	0	0
A research council	1	1
A local authority	0	2
Self-employed	5	7
Other	1	1
Total	15	27

3.3 Research priorities

For most of the tables in this and subsequent sections we report responses by type of respondent (primary only; or primary and secondary). The numbers in brackets that appear alongside category names indicate the number of people in that category who answered that particular question.

Table 15: From your perspective, has a more strategic approach to agreeing priorities for social care research been developed over the last five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (143)	38.5	28.7	32.9

Table 16: Do you think your views are taken into account when setting adult social care research priorities?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (138)	38.4	44.2	17.4
People who use services (6)	50.0	33.3	16.7
Carers (10)	40.0	40.0	20.0

Note: People who use services and carers were asked if the views of people who use services and carers (respectively) *as a whole* were taken into account rather than their personal views specifically.

Table 17: Researchers' responses to whether their views are taken into account when setting research priorities – by years of experience

Category	Response		
	Yes (%)	No (%)	I don't know (%)
< 6 (40)	35.0	40.0	25.0
6-10 (39)	35.9	51.3	12.8
11-15 (23)	43.5	43.5	13.0
16-20 (19)	26.3	47.4	26.3
21-25 (7)	42.9	57.1	0
26-30 (4)	50.0	50.o	0
> 30 (6)	83.3	16.7	0

The percentage of 'yes' responses seems broadly to increase with the number of years of research experience, although less experienced researchers are much more likely to give a 'Don't know' answer.

3.4 Research focus

Table 18: Has adult social care research become more practice-focused in the past five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (145)	45.5	11.0	43.4
Funders/commissioners (16)	56.3	6.3	37.5
Practitioners (29)	34.5	13.8	51.7
Managers (78)	35.9	6.4	57.7
Others (13)	38.5	0	61.5

Across all categories, relatively few respondents thought that research had not become more practice-focused. However, a large proportion of respondents responded with 'I don't know'.

Table 19: Do you think adult social care research has become more multi-disciplinary in the last five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (128)	49.2	21.9	28.9
Funders/commissioners (15)	66.7	13.3	20.0

Again the number of 'no' responses is far lower than the number of 'yes' responses.

3.5 Research funding

Table 20: Has there been better collaboration between research-funding bodies and researchers in the adult social care field in the last five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (118)	24.6	15.3	60.2
Funders/commissioners (17)	35.3	0	64.7

The majority of researchers and funders/commissioners do not know if there has been better collaboration between the two over the past five years.

Table 21: How has funding for adult social care research changed over the last five years relative to need?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (120)	14.2	18.3	23.3
Funders/commissioners (17)	11.8	29.4	23.5

Table 22: How has funding for adult social care research changed over the last five years relative to need? Researchers' responses categorised by their primary area of current research

Area of research	Response			
	Increased (%)	Remained constant (%)	Decreased (%)	I don't know (%)
Young people (1)	0	100	0	0
Young adults (13)	23.1	23.1	15.4	38.5
Older people (37)	24.3	24.3	16.2	35.1
Mental health (19)	0	0	21.1	78.9
Other (43)	11.6	11.6	34.9	41.9

Note: researchers who gave dementia as their current area of research have their responses categorised under older people, not mental health.

Table 23: Over the past five years, has there been a change in the types of adult social care research being funded??

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researcher (119)	42.0	6.7	51.3
Funders/commissioners (17)	52.9	11.8	35.3

The number of 'no' responses is very low. Of those that are confident enough in their knowledge of the situation to answer yes or no, the vast majority answer yes.

3.6 Research governance and ethics

Table 24: Are you clear about the ethics and governance arrangements for adult social care research?

Category	Response	
	Yes (%)	No (%)
Researchers (129)	81.4	18.6
Funders/commissioners (17)	70.6	29.4
Practitioners (26)	53.8	46.2
Managers (65)	76.9	23.1
Others (13)	69.2	30.8

Clarity about ethics and governance arrangements is reported to be high.

Table 25: From your perspective, are the current ethics and governance arrangements satisfactory?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (129)	32.6	45.0	22.5
Funders/commissioners (17)	35.3	35.3	29.4
Practitioners (26)	26.9	15.4	57.7
Managers (75)	30.7	21.3	48.0
Others (12)	25.0	33.3	41.7

Researchers are more likely than other groups to see the ethics and governance arrangements as unsatisfactory. A high proportion in each category responded with 'I don't know'.

We asked respondents to expand on their answers, saying why they thought that current governance and ethical arrangements are or are not satisfactory. Our categorisation of their responses is set out below. It should be noted that people were more likely to expand on their answer if they thought current arrangements were unsatisfactory rather than satisfactory.

66 researcher responses:

22 Process is long/bureaucratic or complex

11 Reviewers do not have sufficient funds or appropriate knowledge of the social care field

11 Ethical reviews not completed/needed for some studies or threaten certain studies (e.g. process is complex so researchers abandon research or reviewers refuse approval to be cautious).

10 Process is inconsistent

9 Problems with multi-site studies or studies that cover additional fields (mostly health)

8 Process is confusing or unclear

6 SCREC or ADASS has been helpful

2 The arrangements are fine or have improved.

8 funder/commissioner responses:

3 Process is long/bureaucratic or complex

1 Process is inconsistent

2 Problems with multi-site studies or studies that cover additional fields (mostly health)

1 SCREC or ADASS has been helpful

3 The arrangements are fine or have improved.

8 practitioner responses:

1 Process is long/bureaucratic or complex

1 Process is inconsistent

1 Process is confusing or unclear

1 The arrangements are fine or have improved.

26 manager responses:

3   Reviewers do not have sufficient funds or appropriate knowledge of the social care field

1   Ethical reviews not completed/needed for some studies or threaten certain studies (e.g. process is complex so researchers abandon research or reviewers refuse approval to be cautious).

5   Process is inconsistent

2   Problems with multi-site studies or studies that cover additional fields (mostly health)

2   SCREC or ADASS has been helpful

4   The arrangements are fine or have improved.

4 responses from people in the 'other' category:

2   Process is long/bureaucratic or complex

1   Reviewers do not have sufficient funds or appropriate knowledge of the social care field

1   Ethical reviews not completed/needed for some studies or threaten certain studies (e.g. process is complex so researchers abandon research or reviewers refuse approval to be cautious).

2   Problems with multi-site studies or studies that cover additional fields (mostly health)

2   Process is confusing or unclear

1   The arrangements are fine or have improved.

3.7 Evaluation methods

Table 26: Do you consider there to have been a change in the methods employed for evaluating adult social care research?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (113)	31.0	24.8	44.2
Funders/commissioners (15)	20.0	0	80.0

Table 27: If 'yes' to the previous question, in your opinion has the change been towards more appropriate methods being employed?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (53)	47.2	13.2	39.6
Funders/commissioners (5)	60.0	0	40.0

Table 28: Researchers' responses to the question 'Do you consider there to have been a change in the methods employed for evaluating adult social-care research?' categorised by area of current research

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Young people (1)	0	100	0
Young adults (13)	38.5	7.7	53.8
Older people (37)	43.2	18.9	37.8
Mental health (9)	22.2	33.3	44.4
Other (52)	23.1	28.8	48.1

Note: researchers that have dementia as a current area of research are categorised under older people, not mental health.

In an open-ended question we asked which types of research have been *more likely to be funded* over the last five years.

There were responses from 42 researchers. They identified the following as more likely to be funded now compared to in 2005:

- particular topics such as dementia (13 respondents)
- evaluation of services/practice (9)
- research that is collaborative with other areas (such as health) (7).
- research involving greater service user/carer participation (6)
- 'hot topics' such as important areas with regard to the government agenda (6)
- research that is quantitative in approach (5)
- outcome-based research (4)
- research on cost-effectiveness (2)

There were eight responses from funders/commissioners, who saw the following as more likely to be funded now compared to in 2005:

- research involving more service user/carer participation (3)
- 'hot topics' such as topics high on the government agenda (3)
- research that is quantitative in approach (3)
- research that involves collaboration with other areas (such as health) (2)
- outcome-based research (2)
- research on cost-effectiveness (1)

We also asked about research that is *less likely to be funded* now compared to five years ago.

Responses were provided by 25 researchers. The following types of research are less likely to be funded today

- theoretical research (6 respondents)
- sociology or social work research (4)
- research that is not useful to practice or policy (4)
- qualitative research (3)
- specific topics (3)
- collaborative research (2)

Seven funders/commissioners responded, three of them saying theoretical research is less likely today, and 1 saying that research that is not relevant to policy is less likely today.

3.8 Translating research into practice and policy

Table 29: Have adult social care research findings become easier to access over the past five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (117)	65.8	12.0	22.2
Funders/commissioners (15)	80.0	0	20.0
People who use services (6)	16.7	33.3	50.0
Carers (7)	71.4	14.3	14.3
Practitioners (26)	34.6	19.2	46.2
Managers (73)	64.4	9.6	26.0
Others (11)	63.6	9.1	27.3

Practitioners and people who use service seem to think there has been little improvement in making research findings more accessible, which should be a concern. Other groups seem to think things have improved.

Table 30: Have adult social care research findings been effective in helping to improve adult social care over the last five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (115)	40.9	7.8	51.3
Funders/commissioners (16)	43.8	0	56.3
People who use services (6)	16.7	33.3	50.0
Carers (7)	57.1	14.3	28.6
Practitioners (23)	30.4	8.7	60.9
Managers (68)	38.2	10.3	51.5
Others (10)	50.0	0	50.0

Interestingly, the most common response is 'I don't know'.

3.9 Research capacity in adult social care

Table 31: As an adult social care researcher, do you think you have sufficient career advancement opportunities?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (103)	33.0	41.7	25.2

Table 32: Five years ago adult social care research capacity was described as underdeveloped. From your perspective, do you believe it is underdeveloped today?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (102)	62.7	11.8	25.5

Table 33: Do adult social care researchers have sufficient support in order to conduct their research (for example internet access, libraries)?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (102)	81.4	15.7	2.9
Funders/commissioners (15)	40.0	0	60.0

Note: researchers are asked about the support they receive themselves.

Funders broadly think researchers have enough resources. Researchers also seem broadly content with the support they can access. Indeed, the narrative responses to a follow-up question in the survey indicate database access (for example to health databases) as one of the only resources needed. Researchers' responses to the follow-on open-ended question were as follows (32 responses):

8 reported having good access to online resources (e.g. journals) and computer access.

7 reported an increased number of (online) journals being made more easily/ freely accessible.

7 mentioned researchers working in universities having better support access (especially when it comes to libraries).

4 noted the need for support staff or research assistants.

3 reported colleagues with more research experience as a valuable source of support.

Many respondents noted a difference in the levels of support accessible to researchers who did or did not work in academic institutions, expressing concern that more support (library access, journal access) was needed for the latter group. Free/easier on-line journal access was noted as needed/desired by a number of respondents.

3.10 Participating in adult social care research

Table 34: Has the involvement in research of people who use social care services become better over the past five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (98)	72.4	12.2	15.3
Funders/commissioners (15)	66.7	0	33.3
People who use services (6)	33.3	16.7	50.0

People who use services are less sure than researchers or funders/commissioners, but note the small number of responses from this group.

Table 35: Do you think carers have become more involved in adult social care research over the past five years?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
Researchers (98)	58.2	16.3	25.5
Funders/commissioners (15)	60.0	6.7	33.3
Carers (10)	60.o	10.o	30.0

Table 36: Are there sufficient incentives for you or the organisation for which you work to participate in social care research as co-researchers?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
People who use services (5)	20.0	60.0	20.0
Carers (10)	30.0	40.0	30.0
Practitioners (19)	5.3	68.4	26.3
Managers (64)	14.1	64.1	21.9
Others (17)	52.9	29.4	17.6

Table 37: Are there sufficient opportunities for you or the organisation for which you work to participate in social care research as co-researchers?

Category	Response		
	Yes (%)	No (%)	I don't know (%)
People who use services (5)	0	80.0	20.0
Carers (10)	40.0	50.0	10.0
Practitioners (20)	10.0	70.0	20.0
Managers (63)	30.2	52.4	17.5
Others (17)	52.9	29.4	17.6

Table 38: If you work in a local authority, does your local authority take part in research to inform local/regional and/or policy/practice development in adult social care?

Category	Response			
	Yes (%)	No (%)	I don't know (%)	Not applicable (%)
Practitioners (19)	15.8	5.3	26.3	52.6
Managers (57)	45.6	3.5	12.3	38.6
Others (14)	21.4	0	21.4	57.1

3.11 Threats and opportunities

We asked about the biggest single threat to adult social care research in the future, and also the single biggest opportunity. All categories of respondent were asked these open-ended questions, and we do not separate answers by categories of respondent at this stage.

What is the single biggest threat to adult social care research? (189 responses):

158	Funding or budget cuts
14	Reduction in services provided in the future
14	Social care research not being seen as essential or being overshadowed (mostly by health)
8	Threats linked in general ways to the Coalition Government (not including funding issues)
6	The need for 'quick fixes' or the speed with which research needs to be completed
6	Lack of collaboration between bodies (including researchers obtaining samples or participants for research)
5	Lack of training of relevant parties involved with research
5	Issues with dissemination and the research reports themselves (e.g. making them accessible to practitioners)
4	De-professionalisation of social care research

What is the single biggest opportunity for adult social care research? (169 responses):

30	Finding ways to improve practice or make adult social care services more cost effective
30	Collaboration with different groups (e.g. service users, carers, health)
22	Increase in demand for services or a changes that have occurred which could require research
17	Finding new ways to secure funding, making research more cost-effective or innovation spurred by a reduction in funding
16	Growing need for specific areas of research (for example dementia)
9	Personalisation
9	Health in one form or another
9	Influencing policy or political issues (for example obtaining backing from the government)
7	The need for adult social care research to prove itself/ show it is needed
5	Improving dissemination (for example with improved technology).

4. Conclusions

Conclusions from the survey were drawn together at the Seminar (see main part of this report) and will be further disseminated through separate papers in late 2011.

ANNEX III: SEMINAR PROGRAMME

09.30	Registrations & refreshments	
10.15	Welcome and introduction from Martin Knapp, Director SSCR	
10.20	Welcome from Chair, Julie Jones, Chief Executive, Social Care Institute for Excellence	
10.30	Current state of social care research	
	Funding body perspective: Dr Glenn Wells, Deputy Director and Head of National Research Finance and Programmes, Department of Health	
	Charitable body perspective: Emma Stone, Acting Co-Director, Policy and Research, Joseph Rowntree Foundation	
	Local authority perspective: David Burnham, Adult & Community Services, Lancashire County Council	
10.45	Q&A break	
11.00	Current state of social care research	
	Researcher perspective: Elaine Sharland, Senior Lecturer in Social Care and Social Work, University of Essex	
	Research user perspective: Angie Carmichael, Director, Sparring Partners Disability Training, Research & Consultancy	
	Provider sector perspective: Martin Green, Chief Executive, English Community Care Association	
11.15	Q&A break	
11.25	Refreshments	
11.40	Introduction to state of social care research survey by Martin Knapp	
11.50	Panel Discussion	State of Social Care Research Survey and Results
		Chair: Bronagh Miskelly, Community Care
		Panellists: Carol Lupton, Christine Barton, Sharon Witherspoon, David Challis
12.30	Lunch	
13.15	Open Space	Participants create an agenda of topics for the afternoon in relation to the question:
		How do we improve the quality, relevance and impact of research in adult social care?
		Session led by Annette Zera
13.45	Discussion	Session 1
14.45	Discussion	Session 2
15.45	Participants review and prioritise conclusions from the two discussion sessions	
16.00	Concluding remarks from participants	
	Closing remarks	David Behan, Director General for Social Care, Local Government and Care Partnerships, Department of Health
16.15	Refreshments & networking	

The NIHR School for Social Care Research (SSCR) is a partnership between the London School of Economics and Political Science, King's College London and the Universities of Kent, Manchester and York.

The School was set up by the NIHR to develop and improve the evidence base for adult social care practice in England. It conducts and commissions high-quality research.