

# Social care research capacity consultation: A summary



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## The consultation

Following a national seminar in December 2005 convened by the English Department of Health (DH) and the Department for Education and Skills (DfES), the four central governments of England, Northern Ireland, Scotland and Wales asked the Social Care Institute for Excellence (SCIE) to conduct a UK-wide consultation on the actions required to increase social care research capacity. In view of its major role in fostering UK social science, the Economic and Social Research Council (ESRC) also supported the consultation.

The consultation was intended to be relevant to research capacity in social care generally defined, rather than relevant to research in specific areas, such as services to children and families or mental health.

The consultation invited stakeholders to complete a questionnaire, made available on the web and as hard copy. Two hundred and forty questionnaires were completed during the period July–September 2006.

The consultation provides a picture of the views of people concerned about, or who have a 'stake' in, the infrastructure for social care Research and

Development (R&D). However, it is based only on responses made to the consultation and should not, therefore, be taken as a representative survey of the views of *all* social care R&D stakeholders.

The report recommendations are not intended to prescribe specific structures or actions on the part of the sponsors of the consultation. Instead, they identify key issues in the consultation that need to be taken into account in strengthening research capacity and in coordinating developments across the UK.

## Findings and recommendations

### A UK-wide approach

Over four-fifths of respondents backed a UK-wide approach to developing R&D capacity, in recognition of a great deal of shared policy and practice issues. Over half the respondents also supported a UK-wide coordinating organisation.

However, strong views were expressed in support of priority setting and funding at a country level, in order to respond better to local and national concerns. This suggests that the structure for a UK-wide approach should be based on each country having a central structure, possibly an agency, that would develop social care research priorities and would bid for and distribute funding. This would be supported by a UK coordinating body with a role to ensure that

research priorities are complementary, and to address generic infrastructure issues (such as the Research Governance Framework and a research register). This framework of a country-specific, central structure or agency for social care R&D, supported by a UK-wide coordinating body, would offer leadership and structure appropriate to social care.

### Recommendations

- R&D in social care needs to be developed on a UK-wide basis.
- However, a central structure or agency is required in each country to develop priorities and to set funding.
- A UK-wide coordinating body should focus on ensuring complementarity in setting the research agenda and on infrastructure issues (such as the Research Governance Framework and a research register).

### Research funding

There was widespread support for the concept that funding is a shared responsibility. However, this is tempered by the view that many agencies have little or no ability to contribute funds.

Some R&D was felt to be essential for national planning, and strategic leadership in this area was felt to belong to central governments.

Participation in R&D priority setting should be extended to a wide range of agencies without the precondition that they contribute funding. Many agencies without the capacity to make funds available have an essential contribution to make to decisions about the R&D agenda.

The number of stakeholders in social care means there is a risk that the R&D agenda may become fragmented. National social care R&D agencies will need to exercise strong leadership if this is to be avoided.

## Recommendations

- Funding for social care R&D should be regarded as a shared responsibility of all stakeholders.
- Central government has a strategic role to lead the development of funding for the kind of R&D required for national planning.
- Providers should consider how they can contribute to R&D, by earmarking a percentage of their budget and/or by identifying how they can make their views about R&D priorities known to national bodies.
- The ability of agencies to contribute funding should not be regarded as the sole criterion for their participation in deciding R&D priorities.
- National social care R&D agencies should exercise strong leadership in order to avoid fragmentation of the R&D agenda.

## Organisational models and the relationship with health

There was no clear consensus among stakeholders about the relevance of health models in organising R&D. Some indicated that there would be much to gain from such an approach, but others noted that social care has distinct features that risk being submerged. Local authority-based respondents were especially sceptical that health structures are useful.

Even where respondents thought social care was distinct and required different structures, however, there was backing for an approach that learns the lessons from health and that seeks the integration of social care and health R&D agendas.

There were diverse views about the value of organising around a small number of centres of excellence or adopting a network approach. The field probably needs both approaches.

The consultation did not ask about respondents' views on the research topics for centres and networks and further debate on this will be required.

### Recommendations

- Social care can learn from health about organising R&D, but health models should not necessarily be imported into social care.

- Social care R&D should nevertheless work in close collaboration with health R&D in order to support an integrated service.
- Social care R&D requires a mixture of centres of excellence and a network approach so that their particular advantages may be combined.
- Further consultation is required to identify the research topics for centres and networks.

## Research involvement and training

There is strong support for using training to improve the quality, relevance and use of research. This would improve the practice literacy of researchers and the research literacy of practitioners, policy makers and managers.

Support for training was expressed by all sectors in social care.

There was also widespread support for involving people who use services, and those who provide them, in order to improve the relationship between research and practice.

## Recommendations

- Social care R&D would benefit from significant investment in training for researchers, practitioners, policy makers and managers.
- People who use social care services and those providing them should play a central role in improving the relationship between research and practice.

## An informed debate

The consultation raised issues about conducting an informed debate in this field. Despite having visited the consultation website, 194 people did not continue to complete the questionnaire. In response to many of the questions, respondents did not wish to choose a pre-coded response.

It seems likely that stakeholders may require both more information and a different approach to obtaining their views in the next stage of the development work. This would allow clarification of both questions and responses.

The debate would benefit from specific consultation designed to identify priorities for R&D in social care.

The field also lacks the kind of monitoring data that would inform debate and identify trends. The next stage of development work would benefit from establishing clearer definitions of R&D in social care and a mechanism for reporting on investment in social care R&D.

## Recommendations

- The debate about social care R&D would benefit from significant investment in the provision of information to stakeholders and a different form of engagement for the next stage.

- Further consultation is specifically required to identify priority research topics for social care R&D.
- Lead agencies should agree on the definitions of social care R&D, and on methods of measuring investment, with a view to establishing regular monitoring.

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