

Social care research capacity consultation



Social care research capacity consultation

Mike Fisher, Jennifer Francis and Christine Fischer

First published in Great Britain in May 2007
by the Social Care Institute for Excellence

© SCIE 2007
All rights reserved

ISBN 978-1-904812-17-3

Written by Mike Fisher, Jennifer Francis and Christine Fischer

This report is available in print and online
www.scie.org.uk

Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

Front cover photograph kindly supplied by Photofusion

Summary	iv
1 Introduction	1
1.1 Linking to debates across the UK	1
1.2 Links with other public services	3
1.3 The methods	3
1.4 The audience for the report	4
1.5 What sort of report can I expect?	4
2 Findings	6
2.1 Respondents to the consultation	6
2.2 Results for all those who completed the consultation	7
2.3 A UK-wide social care research strategy	7
2.4 Research funding	10
2.5 Models for the social care research infrastructure	12
2.6 The relationship between research and practice	15
3 Conclusions and recommendations	21
3.1 A UK-wide approach	21
3.2 Research funding	22
3.3 Organisational models and the relationship with health	22
3.4 Research involvement and training	23
3.5 An informed debate	24
References	25
Appendix: Questionnaire	26

Summary

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.

1 Introduction

The drive to modernise Britain's social care services raises questions about both the quality and quantity of available research. Does the UK possess the infrastructure to deliver the research evidence that can inform national policies and practice?

This debate calls for an examination of the responsibility for research leadership (given that social care is funded by both local and central government, and provided by a wide range of agencies), of the level of resources required, and of the kinds of structures needed to agree priorities and to strengthen the development of a research workforce. Although responsibility for social care is devolved to the four central governments of England, Northern Ireland, Scotland and Wales, the question arises whether a UK-wide approach is necessary to avoid fragmentation of effort and dilution of capacity.

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.

1.1 Linking to debates across the UK

The consultation reflected debates about the future of social services and its evidence base across the UK. Six key documents were identified as background to the consultation:

Proceedings of national seminar on social care research capacity (the report of the 16 December 2005 seminar, published by DH and DfES)

Changing lives: Report of the 21st century social work review (Scottish Executive)

A social work research strategy in higher education 2006–2020 (Report by the Joint University Council Social Work Education Committee)

Promoting research and evidence-based practice (Northern Ireland Social Care Council)

Fulfilled lives, supportive communities: A strategy for social services in Wales over the next decade: Draft for consultation (Welsh Assembly Government)

Developing the evidence base for social work and social care practice, Social Care Institute for Excellence (SCIE).

Using these documents as background, the consultation questions focused on the following seven areas:

1. The prospects for a UK-wide approach with attention to country-specific issues
This was designed to explore respondents' views on the value of UK-wide research capacity development and on what should be undertaken at the UK and country level.
2. Where does leadership lie?
This question invited respondents' views on how responsibility should be allocated between central governments, employers' organisations, Care Councils, Higher Education Institutions (including universities), funders, service user organisations, carer organisations, and national agencies (such as SCIE and the Scottish Institute for Excellence in Social Work Education [SIESWE]).
3. Improving resources
This question sought respondents' views on how responsibility should be allocated for providing resources (e.g. between Research Councils, providers of services, Higher Education Funding Councils, central and local government, and independent sector social care providers). Resources were primarily defined as funding.
4. What kinds of structures are required?
This requested respondents' views on what UK-wide and country-specific structures are required to exercise leadership, including developing resources, training, and national and country-specific research priorities. It also encouraged responses on the link with health research and on the relative merits of centres or networks of excellence as key building blocks for the research infrastructure.
5. Raising practice awareness among social care researchers
This question sought respondents' views on how to ensure a better relationship between the concerns of practitioners and providers and the research undertaken. It also invited responses on research training and on the relevance of different academic disciplines.
6. Raising research awareness among social care practitioners
This was designed to explore respondents' views on how to improve the ability of practitioners to use research and to engage in producing it, and on the education and training of practitioners.
7. Raising research awareness among social care policy makers and managers
This question sought respondents' views on how to improve the ability of policy makers, including local managers, to commission and use research.

The link with health research

One of the key reasons for increasing attention to the evidence base for social care is that health care is also reviewing its research infrastructure. During the period of the consultation, for example, there were important debates in England about the best way to organise the infrastructure for health research (DH, 2006) and a parallel

consultation on the arrangements for a new single, ring-fenced budget to support the health research funded by the Medical Research Council and the NHS R&D Programme (Cooksey, 2006).

In addition, the SCIE report *Developing the evidence base for social work and social care practice* (Marsh and Fisher, 2005) had suggested that inter-professional collaboration between health and social care was hampered by a lack of investment in social care research, and had drawn on the lessons of the Mant Report (*R&D in primary care: National working group report, 1997*) to show how improvements in practice-based research could be achieved.

Thus, in a general sense, the consultation was underpinned by the view that the infrastructure for social care research must be linked to that for health care if the goals of integrating health and social services are to be achieved.

1.2 Links with other public services

Although the consultation was not designed to explore possible connections between the social care R&D infrastructure and that for other public services, it is important to acknowledge such links. For example, Scotland is developing particular links with education, justice and community development. Wales has developed an integrated approach to health and social care but recognises that children's services require links beyond health. New R&D networks in Wales were deliberately designed to be multi-sectoral (Welsh Assembly Government, 2002). In England, the location of responsibility for children's social services in the DfES closely links social care R&D to education policy.

In developing strategy, therefore, consideration should be given to linking social care R&D to a wide range of policy areas in addition to health.

1.3 The methods

SCIE works with many people and organisations throughout social care and these contacts provide the framework for alerting people to the consultation. SCIE's principal stakeholders and partners include:

- service users, carers and their representative organisations
- social care workers and managers in the voluntary, statutory and independent sectors
- national organisations in social care and related sectors
- policy makers and government departments in England, Wales, Northern Ireland and Scotland
- social work educators, including academics, practice teachers and service users
- researchers.

Using these contacts, SCIE distributed over 3,500 email alerts and leaflets, and requested responses from its Practice Partners' Network and Partners' Council, both of which include members from across the social care sector and from England, Wales and Northern Ireland. In Scotland, an event initiated by the Scottish Executive (SE) and SIESWE attracted 100 participants.

The consultation ran from July to September 2006, and was primarily web-based, with an opportunity for respondents to refer to other, anonymised contributions online. The consultation questions were made available in different formats, on request.

The consultation invited two levels of responses: one primarily relevant to a UK-wide strategy, and one primarily concerning devolved responsibilities or circumstances specific to England, Northern Ireland, Scotland or Wales.

In order to meet requirements for access to public documents in Wales, the consultation was available in the Welsh language.

1.4 The audience for the report

The four central governments in the UK and the ESRC are a key audience for this report. Although the report reflects their participation, it does not, however, seek to represent their views. The report will form the basis for continuing development work on a strategy to develop the infrastructure for social care R&D.

SCIE will also provide summary feedback to all consultation respondents.

1.5 What sort of report can I expect?

SCIE is an independent body, committed to representing the views of its stakeholders. Of course, SCIE has an interest in promoting the use of research-based knowledge, and readers may wish to take this into account in evaluating the report. However, the main goal of this report is to describe the comments of people who have a stake in social care R&D, so that the development of strategy can take account of their views.

A survey of this kind should not be taken as a definitive picture of stakeholder views. In particular, it is not a representative survey of all who might have a stake in social care R&D, but of those who responded to the invitation to participate. Indeed, it is arguable that social care R&D does not yet have the representative structures to permit a more definitive overview.

With these factors in mind, we suggest that readers should approach the findings as indicative. Even where specific percentages are reported, it should be remembered that the group members who responded were not representative of all stakeholders. Where comments are reported, we have used relevance to the debate as the criterion for including them, rather than whether they represent a majority or minority view.

Surveys of this kind ask a lot of questions, often at a rather abstract level, and there is no opportunity either to tune the question for each respondent or to clarify implicit or underlying meaning in the responses. It is possible that some questions were found to be too complex in the way they were posed, or that respondents faced questions for which they did not possess the experience or knowledge to make an informed response.

This might explain the fact that a significant proportion of respondents chose not to express an opinion in terms of the options offered, but chose instead to offer comments (for more detail, see Section 2.1 of the Findings). We have reported this in the table relevant to each question, and we will return to this point in the recommendations. We have, therefore, tried to stay as close as possible to the range of views expressed and to avoid over-interpretation, even at the occasional cost of ambiguity in the meaning.

The report also needs to be set in the evolving policy context for each of the four countries. In each country, there are significant debates about the relationship between social care and health and other public services, about how to develop R&D, and about how to develop the social care workforce. It is not the job of this report to review these debates, but they will influence how the recommendations should be viewed.

In summary, the recommendations are intended to provide a useful framework for considering the next steps in strengthening the social care research infrastructure, rather than a final blueprint. SCIE intends that the consultation should throw light on the nature of the decisions required, the factors that need to be taken into account and the diversity of views expressed.

2 Findings

2.1 Respondents to the consultation

The total number of people who registered on the consultation website was 434. However, the number who left a response was 240. We were concerned to understand the explanation for the 194 people who did not leave a response.

Just under half of those who registered but did not leave a response (89) submitted their email address, and we sent a follow-up email requesting the reasons why people had not made a consultation response. Forty responded, of whom 19 could not remember the reason, 14 said they had not had the time, and eight said they did not feel competent to answer the consultation questions.

Our conclusion is that there is a slight risk that some who initially registered at the website felt ill-equipped to make a response, but that, for the majority, other reasons had prevented their greater participation.

There was a further group who gave a partial response only. Fifty-three people visited the site, answered Question 1 and then avoided using the scale options (agree–disagree) to answer any other questions. By avoiding the scale options, people’s responses were, by default, recorded as ‘no opinion’ (it was made clear at the beginning of the consultation questionnaire that where no scale response was made, the default answer recorded would be ‘no opinion’). There is, therefore, a group of 53 respondents answering ‘no opinion’ for every question from Question 2 onwards.

However, most people in this group made general comments on some of the issues. This suggests that there was a great deal of interest in the questions even if people felt ill-equipped to select an option on the scale on the basis of their knowledge or experience. Another possible explanation, which could also apply to some of the 194 who registered but submitted no response, is that the questions were too abstract or complex in the way they were phrased.

The invitation to respond was made to individuals, rather than organisations. Nevertheless, 19 responses indicated that this was made on behalf of an organisation, and that there had been a degree of internal communication to arrive at a consensus. Seven responses from health providers, four from university R&D units and eight others from various bodies fell into this category. This may suggest that these responses represent more than one person, and that they should be treated differently in the analysis.

However, there were indications in many other responses, not apparently on behalf of organisations, that the respondent had consulted with colleagues. In the following analysis, therefore, we have decided not to distinguish between these different responses.

Respondents came from a wide range of sectors. We further reduced the sectors to 10 categories to make sector analysis (where this was relevant) more manageable and meaningful. The sector categories were:

- local government (62)
- R&D (49)
- education (38)
- social care provider (independent, private and voluntary) (18)
- health provider (17)
- social care provider (statutory) (15)
- central government (10)
- service user groups (6)
- carer groups (3).

We allocated the following groups to our 'other' category (22) because individually they were populated by very small numbers: other, inspectorate, criminal justice, trade association and member of the public.

Where it is relevant to do so we have reported analysis by sector in this findings section.

2.1 Results for all those who completed the consultation

The following analysis presents results for all 240 people who completed a response. Table 1 shows the distribution of respondents by country, and compares the distribution to what we might have expected, given the population of each country (there is no reliable data for the size of the stakeholder groups in each country that could have participated).

Table 1: Respondents by country and population

	Responses	%	Population (m)	%
England	172	71.7	50.0	83.9
Northern Ireland	12	5.0	1.7	2.9
Scotland	44	18.3	5.0	8.4
Wales	11	4.6	2.9	4.9
Other	1	0.4	0	0
	240	100.0	59.6	100

The small totals for countries other than England mean that we should not read too much into this distribution, except perhaps to note the possible effect of a well-attended Scottish dissemination event to which SCIE was invited during the consultation.

2.3 A UK-wide social care research strategy

The first two questions concern how the UK should go about constructing a framework for R&D, given that social care is a devolved policy. The first question tested support for a UK-wide approach (Table 2).

Table 2: (Q1) How far do you agree that we need to develop a UK-wide social care research strategy linked to issues that need to be addressed in each country?

	Number	%
Strongly agree	118	49.2
Agree	87	36.3
Neither agree nor disagree	16	6.7
Disagree	9	3.8
Strongly disagree	1	0.4
Don't know	3	1.3
No opinion	6	2.5
Total	240	100

There appears to be widespread support for the idea that a UK-wide approach is required, with 85.5% of respondents agreeing or strongly agreeing with this proposition.

However, a lower proportion (56.7%) gave equally strong support for a UK-wide coordinating body (Table 3, below).

It is reasonable to ask whether people from each of the four countries of the UK respond differently to this question. However, the country numbers for each response would be too small to warrant an analysis of the differences in the way that each country's respondents approached the question.

Table 3: (Q2) Do you agree that we need a UK-wide coordinating organisation, in which the bodies listed in the left column should play a part? (The list of bodies appears in Question 2 in the questionnaire, see the Appendix)

	Number	%
Strongly agree	58	24.2
Agree	78	32.5
Neither agree nor disagree	18	7.5
Disagree	11	4.6
Strongly disagree	6	2.5
Don't know	2	0.8
No opinion	67	27.9
Total	240	100

We, therefore, advise caution before assuming that the case for a UK-wide approach naturally leads to support for a single coordinating body. For example, only four respondents who strongly agreed on the need for a UK-wide approach gave similar strength of support for a single coordinating body.

Respondents' comments on the possible structures throw more light on this issue. Those in favour of a UK-wide approach and coordinating body, nevertheless, saw the need to encourage development within countries and regions. Where respondents agreed the case for a UK-wide approach, many argued for country-specific bodies that would give greater scope to respond to local or regional concerns. It was felt that there was a high risk that a UK-wide coordinating body would cement a centralised structure that gave too little attention to country, regional and local R&D concerns. One local government respondent from Scotland outlined a shared concern about the prospect of a UK-wide coordinating body: 'I believe that this would lead to an imbalance in terms of research. There is a need to have research into practice that reflects the divergent policies, practices and structures within each part of Britain. To have a UK-wide organisation could lead to a centralised view of research.'

It seems likely, therefore, that the consultation findings indicate support for coordination to ensure a UK-wide approach, but not for embodying this in a central agency. A view was expressed that such an agency might add a layer of bureaucracy without adding efficiency, and that an existing agency should be allocated a minimal coordinating role (that is, restricted to those issues that require a UK-wide approach). Strong reservation was expressed by respondents outside England that a UK-wide approach may become dominated by English concerns.

The comments also throw light on a number of issues that will need to be borne in mind in addressing the structure. Respondents noted that:

- Any structure will need to ensure that user involvement is a core element.
- The work will require high levels of participation from local authorities, whose research infrastructure is not especially strong. (It was suggested, nevertheless, that it was likely that there was a greater volume of research in local authorities than in universities, and that collaboration between universities and local authorities should be strengthened.)
- Structures need to support long-term research, because this kind of research is often required to answer social care questions (such as the outcomes of adoption).
- Structures should integrate responsibility for operating the Research Governance Framework and for a national (meaning UK-wide) social care research register.
- Social care research should be firmly linked to social inclusion as a social policy issue.
- Many relevant bodies had not been mentioned in the list in Question 2. Some respondents felt that other organisations should be considered, such as the Association of Learned Societies in the Social Sciences, R&D Support Units in Trusts, regulators of the social care workforce such as Care Councils, the Joint University Council Social Work Education Committee, the Social Services Research Group, Making Research Count, and Research in Practice.
- Social care priorities should take account of well-established R&D priorities in the NHS.

2.4 Research funding

The consultation posed questions about the model of funding that might underpin social care R&D. The first question concerned whether responsibility was shared to some degree by all stakeholders.

Table 4: (Q3a) Do you agree that all those involved in social care should contribute to providing the resources for research?

	Number	%
Strongly agree	43	17.9
Agree	65	27.1
Neither agree nor disagree	23	9.6
Disagree	31	12.9
Strongly disagree	9	3.8
Don't know	3	1.3
No opinion	66	27.5
Total	240	100

Forty-five per cent of respondents agreed that there was shared responsibility. The general feeling of those in agreement is reflected by one provider agency respondent who pointed out: 'In order to provide high quality care services across the country, all those who provide or commission care should take some responsibility, whether actually conducting research or providing resources for research.'

Twenty-six of the 40 respondents who disagreed that this responsibility was shared, pointed out that many organisations do not have the funds, implying that this is an additional responsibility that should attract additional funding support. This point was made especially strongly in relation to service user and carer organisations. As one respondent from the education sector in England commented: 'Expecting all organisations to provide resources appears both unrealistic and unfair. Some organisations, particularly smaller, voluntary organisations – as well as some local authorities – have experienced such cutbacks in recent years that doing so might have too negative an impact on service delivery.'

The exception was organisations that provide a profit to shareholders and/or owners, which were felt to have a responsibility to contribute to research that improves services. A further point was that the sheer number of organisations in social care might render a representative body incoherent.

Those who disagreed that funding was a shared responsibility also took the view that, since central governments require R&D for national planning, this conferred a responsibility to fund it. A respondent from a service user group in Scotland typified this view: 'I think the government should meet the costs given that it is the government that determines the policy and therefore, arguably, have greatest need for research.'

One variation of this argument was that it is primarily central governments that can address the strategic direction of R&D – although it was felt important to involve major national funding bodies (such as the ESRC, the Joseph Rowntree Foundation and the Nuffield Foundation) and new strategic bodies such as SCIE and SIESWE.

Sector analysis of Question 3a showed proportionately very little variation. The results for each sector broadly reflected the overall results shown above in Table 4.

Respondents were also asked whether authorities providing or commissioning social care should allocate a percentage of their budget to R&D.

Table 5: (Q3b) How far do you agree that those providing or commissioning social care services should allocate a percentage of their budget for research?

	Number	%
Strongly agree	44	18.3
Agree	66	27.5
Neither agree nor disagree	22	9.2
Disagree	21	8.8
Strongly disagree	6	2.5
Don't know	8	3.3
No opinion	73	30.4
Total	240	100

A large group (45.8%) agree that this approach deserves support. However, some respondents volunteered the view that any *requirement* (as opposed to guidance) to identify an R&D budget from existing funds would be unrealistic.

We undertook sector analysis of Question 3b to establish whether there were differences in opinion over this issue between commissioners and providers compared with central government that controls allocation of funding. Reflecting the overall results for this question, the social care providers (statutory and private/independent/voluntary), health providers and central government all showed broad and fairly even support for this model of funding social care research.

The sector showing *proportionately* the least support for this approach was local government which commissions, and to a lesser extent provides, social care services. Respondents set this in the context of enduring budget pressures facing local councils in funding social care. As one local government respondent pointed out, 'social care organisations would find it difficult to allocate funding when it is a choice between delivering direct care or research'.

None of the central government respondents disagreed with the proposition that those commissioning and providing social care should allocate a percentage of their funding to research. One central government respondent reported that 'commissioners of services must take responsibility for the quality of services

provided so they need to support research to identify and disseminate best practice. All sectors must be involved, right down to the smallest residential home’.

There was a wide variety of views among those who disagreed with this approach, and these will need to be taken into account. For example, there was an echo of the view on shared funding responsibility that government should accept the role of setting the R&D agenda and funding it – this responsibility could not be delegated to provider agencies. This was particularly strong among independent sector respondents.

There was also a view that distributed responsibility for funding might dilute the ability to focus on strategic objectives and might weaken accountability for delivery. An English respondent identifying his or her sector as ‘other’ wrote: ‘I feel that research activity needs to be both focused and driven. This leads me to suggest that both leadership and financial accountability should sit clearly in one place.’ This should not be taken to imply, however, that the range of providers should not be involved in R&D policy – it is rather that strong central leadership should frame their input.

2.5 Models for the social care research infrastructure

A set of three questions explored views on appropriate models for the social care research infrastructure, drawing on the background documents to the survey. These questions concerned whether people thought we should learn from existing health structures, whether social care required distinct structures, and whether people were in favour of developing relatively few R&D centres or wider networks of excellence.

Just under a third of respondents (29.1%) thought that existing health structures might be useful for social care R&D, while 22.9% thought not (Table 6).

Table 6: (Q4a) There are already very well-established structures for health research, and some policy documents suggest using these for social care research. Do you agree that this would be a useful approach?

	Number	%
Strongly agree	20	8.3
Agree	50	20.8
Neither agree nor disagree	27	11.3
Disagree	38	15.8
Strongly disagree	17	7.1
Don’t know	7	2.9
No opinion	81	33.8
Total	240	100

This was an area where the sector strongly influenced the response. For example, of the 17 respondents based in the health sector, 12 supported the use of health R&D

structures and only one disagreed. However, of the 62 respondents based in a local authority, only 12 thought health R&D structures might be useful.

Table 7: (Q4b) Some reports suggest that social care research is distinct and requires separate structures from those operating in health research. How far do you agree?

	Number	%
Strongly agree	25	10.4
Agree	55	22.9
Neither agree nor disagree	32	13.3
Disagree	28	11.7
Strongly disagree	12	5.0
Don't know	6	2.5
No opinion	82	34.2
Total	240	100

Respondents' comments help to understand these results. Those who supported the use of health models suggested that this offered the best chance of developing the evidence base for an integrated service in which health and social care needs are seen as closely related. Others pointed out that health R&D investment offered opportunities for workforce development far beyond those available in social care (in terms of research studentships, for example), and that, in a practical sense, social care should not seek to reinvent strategies that were already working well in health (such as high quality commissioning and a focus on outcomes). Few advocated simply importing a health model. For example, respondents often noted the need for an active partnership with agencies throughout social welfare (such as housing), and specifically noted that R&D with children and families required links beyond health (including education and juvenile justice).

Those who argued that social care is distinct suggested that there is a substantial risk that health care issues would dominate any joint agenda. In support of this, they cited their everyday working relations with health agencies, their perceptions of the way that the Research Governance Framework is being implemented and of the way that social care R&D often has to undergo assessment processes designed for health research, and their perceptions that social care research was neglected in current health R&D policy.

However, respondents were also careful to outline the unique characteristics of social care. People drew attention to the need to include a wider range of R&D interests (such as housing, transport, employment, criminal justice), and again pointed out that health R&D takes little account of the different structures of research on services to children and families (particularly, in England, the link with the R&D programme of the DfES). The breadth of organisational interests, including charitable and voluntary sector provider agencies, was mentioned, as was the accountability of many providers to locally elected bodies. A different disciplinary base, and the differences between a disease-based and a social issues-based R&D agenda were

cited as key factors in favour of a separate structure. Social care R&D was portrayed as having stronger links with social inclusion policies and its more inclusive research approaches were cited as a key advantage.

Again, those in favour of a separate structure were not opposed to learning from health, for example in the areas of research methods and in research workforce development. They saw this learning as a dialogue between separate bodies, rather than implementing health approaches in social care. A respondent from the R&D sector in Scotland reflected this perspective: 'I think social care can learn a lot from the NHS structures for carrying out research, although social care has to be recognised as a distinct domain in its own right.'

The third question area concerned the model of centres and networks of excellence. This echoed the question about the use of health models of R&D in that health R&D policy currently places a strong emphasis on concentrating expertise in centres of excellence. Of course, an approach that relies on centres does not exclude either their working together as a network, or having an additional network structure for specific purposes.

There was an error in translating the hard copy options onto the online questionnaire, which resulted in online respondents being asked to agree rather than to express a preference. Table 8, therefore, analyses the written comments from 88 respondents for Question 4c. The higher than normal level of 'No opinion' reflects the number of respondents who passed over Question 4c when they recognised the error. The results here must, therefore, be regarded with additional caution.

Table 8: (Q4c) Do you support a structure that relies on relatively few 'centres of excellence', or on a wider distribution of expertise in 'networks of excellence'?

	Number	Per cent
Both	12	5.0
Centres	24	10.0
Networks	52	21.7
No opinion	152	63.3
Total	240	100

Table 8 classifies respondents according to whether their comments indicate support for a 'centre' approach, a 'network' approach, or both. The findings serve again to remind readers of the likely diversity of views within the social care R&D community.

Those who favoured a joint approach were mindful of the fact that national centres could host the kind of long-term, major research, perhaps involving the development of longitudinal data, that requires significant funding and continuity. However, networks were seen as essential to the dissemination and use of R&D, and as having the potential to engage more directly with local agendas. Respondents in favour of both approaches pointed to the need to develop the social care research workforce, and thought this may best be achieved through a 'network' approach.

It would be wrong, however, to take these comments as implying that networks should be the main vehicle for the implementation of research, in which task centres would have a lesser role. Questions about the responsibility for implementation of research were not asked.

Not surprisingly, those in favour of a 'centre' approach emphasised the strength of this approach to raise the profile of social care R&D, and to develop and consolidate expertise (especially in research methods). In line with earlier findings on a UK-wide approach, only two comments indicated support for a single centre, while 11 specifically mentioned the need for several or regional centres.

Those in favour of a 'network' approach emphasised its value in including a range of research, sectors and users (of research, as well as of services). Respondents argued that networks could better engage the range of agencies and social care practitioners, thus achieving greater ownership of research and contributing to its implementation in policy and practice.

2.6 The relationship between research and practice

A number of questions focused on the relationship between research and practice, the contribution of people who use or provide services to improving this relationship, and the role of training.

This is an aspect of the survey where there are few surprises. Most respondents who expressed an opinion

- were in favour of improving the relationship between research and practice (58.8%: see Table 10, below);
- saw a role in this for people who use or provide services (58.7%: Table 12);
- agreed that the capacity of practitioners to use research should be improved (60.4%: Table 13); and
- saw the need to improve the capacity of policy makers and managers to use research (59.2%: Table 16).

Disagreement with these propositions was at the level of 2.6% of respondents, or below.

Just under half (47.6%) of the respondents wished to see improvements in the research training of qualifying social workers (Table 15), and this was the largest group within the responses. Only 2.9% disagreed.

Where respondents agreed the need for improvement, there was overwhelming support for training. Support for training researchers was expressed by 78.7% of respondents (Table 11), for training of practitioners by 90.4% (Table 14), and for training of policy makers and managers of services by 87.3% (Table 17).

Questions 5b, 6b and 7b (Tables 11, 14 and 17) invited responses only from those who had agreed with the proposition set out in part 'a' of the relevant question. Logically, everyone else should have chosen 'no response' for part 'b' or left it blank

(in which case their answer, by default, would have been recorded as 'no opinion'). Therefore, in reporting the results of Questions 5b, 6b and 7b, we have included only the responses of those who chose either 'agree' or 'strongly agree' for Questions 5a, 6a and 7a.

Table 10: (Q5a) Do you agree that the relationship between the research agenda and the priorities of practitioners, providers and organisations of users and carers should be improved?

	Number	%
Strongly agree	77	32.1
Agree	64	26.7
Neither agree nor disagree	9	3.8
Disagree	1	0.4
Strongly disagree	2	0.8
Don't know	3	1.3
No opinion	84	35.0
Total	240	100

Table 11: (Q5b) If so, do you agree that training of researchers is a key way forward? (Results for those who agreed with the proposition in Q5a)

	Number	%
Strongly agree	43	30.5
Agree	68	48.2
Neither agree nor disagree	16	11.3
Disagree	12	8.5
Strongly disagree	0	0
Don't know	2	1.4
No opinion	0	0
Total	141	100

Table 12: (Q5c) Do you agree that involving people who use or provide social services would improve the relationship between research and practice?

	Number	%
Strongly agree	79	32.9
Agree	62	25.8
Neither agree nor disagree	7	2.9
Disagree	3	1.3
Strongly disagree	3	1.3
Don't know	1	0.4
No opinion	85	35.4
Total	240	100

As noted above, there was wide support for a model of research which sees the involvement of social care providers and those who use services (58.7%). Reflecting the overall opinion, service users, carers and providers themselves demonstrated support for their involvement in research. Proportionately, the R&D sector was the biggest advocate (61% in agreement) although this was also the sole stakeholder group where anyone disagreed with the proposition (6%).

Among the social care providers (statutory, independent, voluntary and private), 55% agreed that they and service users should be involved in social care research. None disagreed so the remaining proportion of respondents in those sectors is accounted for by those who gave 'no opinion'.

Service user and carer groups also reflected the overall results for Question 5c with 45% in agreement, 55% with no opinion and no one disagreeing that involvement would be beneficial.

The common feeling among service users, carers and providers was that their involvement was a prerequisite for meaningful, high quality and relevant research that would be likely to have an impact on fundamental, front-line issues. However, a small number of respondents also cautioned against tokenistic involvement and others suggested that service users and providers need not necessarily carry out research but instead could undertake advisory roles.

Even the rare opinions of those who disagreed with the principle of involvement were more cautionary than opposed. Some of these respondents called for a critical approach, particularly to involving service users, out of concern about 'skewing the research agenda', or patronising rather than empowering service users. However, this view was out of step with general opinion and was not supported by examples.

Table 13: (Q6a) Do you agree that the capacity of practitioners to use research should be improved?

	Number	%
Strongly agree	83	34.6
Agree	62	25.8
Neither agree nor disagree	6	2.5
Disagree	0	0
Strongly disagree	0	0
Don't know	1	0.4
No opinion	88	36.7
Total	240	100

Table 14: (Q6b) If so, do you think that training of practitioners is a key way forward? (Results only for those who agreed with the proposition in Q6a)

	Number	%
Strongly agree	62	42.8
Agree	69	47.6
Neither agree nor disagree	9	6.2
Disagree	3	2.1
Strongly disagree	0	0
Don't know	1	0.7
No opinion	1	0.7
Total	145	100

Table 15: (Q6c) Do you think that there is a need to improve the research training of social workers on basic qualifying programmes?

	Number	%
Strongly agree	57	23.8
Agree	57	23.8
Neither agree nor disagree	21	8.8
Disagree	6	2.5
Strongly disagree	1	0.4
Don't know	8	3.3
No opinion	90	37.5
Total	240	100

Table 16: (Q7a) Do you agree that the capacity of social care policy makers and managers to use research should be improved?

	Number	%
Strongly agree	91	37.9
Agree	51	21.3
Neither agree nor disagree	5	2.1
Disagree	1	0.4
Strongly disagree	0	0
Don't know	3	1.3
No opinion	89	37.1
Total	240	100

Table 17: (Q7b) If so, do you agree that the training of social care policy makers and managers of services is a key way forward? (Results for those who agreed with the proposition in Q7a)

	Number	%
Strongly agree	65	45.8
Agree	59	41.5
Neither agree nor disagree	9	6.3
Disagree	4	2.8
Strongly disagree	1	0.7
Don't know	2	1.4
No opinion	2	1.4
Total	142	100

One obvious question is whether the views reported in this section are those of the R&D and higher education sectors, where it might be argued that its members have a vested interest in portraying the field as being in need of its training resources.

In order to illuminate this, we have looked at the responses from people in different sectors. In particular, are there differences in the views of those working in higher education, compared with those in all other sectors (Table 18)?

Table 18: Selected sector responses to training questions (%)

Sector	Table 11	Table 14	Table 17
Higher education	75.0	92.5	88.4
Other sectors	80.6	94.0	86.7

This shows there was considerable agreement across sectors about the importance of training. For example, in relation to the question on the training of researchers (Table 11), 75% of those working in higher education agreed that training was important, compared with 80.6% of those working in other sectors.

Our conclusion is that the survey findings provide strong support for research training of all staff in social care, and that this motivation is shared across several sectors.

3 Conclusions and recommendations

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

3.1 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 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; 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.

The implications for central governments are that:

- Each should consider how to establish a structure or agency to provide the means for developing social care R&D in their country.
- The four governments jointly should consider what inter-country liaison arrangements are required to develop the role of a UK-wide coordinating body.

The implications for R&D bodies that work across the countries of the UK (funders such as the ESRC, R&D bodies such as SCIE) are that they should:

- review how their R&D investment impacts on the equitable development of resources across the UK;
- consider how they might contribute to country-specific R&D structures and to a UK-wide coordinating body.

Recommendations

- 1.1 R&D in social care needs to be developed on a UK-wide basis.
- 1.2 However, a central structure or agency is required in each country to develop priorities and to set funding; and
- 1.3 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).

3.2 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. Local authority respondents say they could not divert funds from service provision, commissioned service providers that they do not have an R&D function in their contracts, and user and carer organisations that they could not give priority to R&D.

Some R&D was felt to be essential for national planning, and 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

- 2.1 Funding for social care R&D should be regarded as a shared responsibility of all stakeholders.
- 2.2 Central government has a strategic role to lead the development of funding for the kind of R&D required for national planning.
- 2.3 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, or to the proposed cross-national coordinating body.
- 2.4 The ability of agencies to contribute funding should not be regarded as the sole criterion for their participation in deciding R&D priorities.
- 2.5 National social care R&D agencies should exercise strong leadership in order to avoid fragmentation of the R&D agenda.

3.3 Organisational models and the relationship with health

There was no clear consensus among stakeholders about the wisdom of adopting health models of 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. For respondents in England, these responses have particular relevance to the proposition in the Cooksey Report that social care research should form part of the National Institute for Health Research (2006, para 5.68).

Even where respondents thought social care was distinct and required different structures, however, there was backing for an approach that adopts the lessons

learned 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 and adopting a network approach. The field probably needs both approaches. Although the functions were not portrayed as mutually exclusive, it may be that concentration in centres of excellence has advantages in terms of research intensity and continuity, while networks have advantages in terms of engaging the range of agencies and social care practitioners, and in implementation in policy and practice.

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

- 3.1 Social care can learn from health about organising R&D, but health models should not necessarily be imported into social care.
- 3.2 Social care R&D should, nevertheless, work in close collaboration with health R&D in order to support an integrated service.
- 3.3 Social care R&D requires a mixture of centres of excellence and a network approach so that their particular advantages may be combined.
- 3.4 Further consultation is required to identify the research topics for centres and networks.

3.4 Research involvement and training

One of the unambiguous messages from the consultation is that 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. For practitioners, this would involve research training on basic qualifying programmes, in-service training, and other continuing professional development or post-qualifying training.

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

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

3.5 An informed debate

Many people chose not to participate despite having visited the consultation website: 194 people registered on the website but did not complete the questionnaire. In response to many of the questions, respondents did not wish to choose a pre-coded response. Fifty-three people did not choose a scale response (agree–disagree) for any question after Question 1. Between 27.5 per cent and 30.4 per cent of respondents did not feel able to complete a scale response to the questions on funding.

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 show trends. The next stage of the debate 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

- 5.1 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.
- 5.2 Further consultation is specifically required to identify priority research topics for social care R&D.
- 5.3 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.

References

- Cooksey, D. (2006) *A review of UK health research funding*, London: HM Treasury.
- DH (Department of Health) and DfES (Department for Education and Skills) (2005) *Proceedings of national seminar on social care research capacity*, London: DH and DfES.
- DH (Department of Health) (2006) *Best research for best health: a new national health research strategy*, London: DH.
- Joint University Council Social Work Education Committee (2006) *A social work research strategy in higher education 2006–2020*, London: Social Care Workforce Research Unit.
- Mant, D. (1997) *R&D in primary care: national working group report*, London: NHS Executive.
- Marsh, P. and Fisher, M. (2005) *Developing the evidence base for social work and social care practice*, London: Social Care Institute for Excellence.
- Scottish Executive (2006) *Changing lives: report of the 21st century social work review*, Edinburgh: Scottish Executive.
- Smyth, C., Kelly, G. and McCullough, B. (2002) *Promoting research and evidence-based practice: from rhetoric to reality*, Belfast: Northern Ireland Social Care Council.
- Welsh Assembly Government (2002) *A health and social care research and development strategic framework for Wales*, Wales: Welsh Assembly Government.
- Welsh Assembly Government (2006) *Fulfilled lives, supportive communities: A strategy for social services in Wales over the next decade: Draft for consultation*, Wales: Welsh Assembly Government.

Appendix

Questionnaire

Social care research capacity consultation

There are seven consultation questions, though some have more than one part. Please read the background information relating to each question and then consider your 'tick box' response. If you do not tick any of the boxes your response will be recorded as 'no opinion'.

You can expand on your answer in the comments box – this is entirely optional. It would help us if you make it very clear whether your comments relate to an individual country or to the UK as a whole and, if the question has more than one part to it, which part or parts your comment refers to. Once you have made any comments, you can choose whether you want other people to be able to see them on this website.

To help us analyse the responses to this consultation we would like to record some basic information about you. This information will only be used to help us carry out this exercise and will not be kept unless you give us permission to.

Location: England, Northern Ireland, Scotland or Wales.

Sector:

If you would like to receive further information about this consultation, including a copy of the final report, please give us your name and email address. You can complete the questionnaire without providing this information.

Name:

Email:

Can we keep your details so that we can keep you informed about SCIE's work and events? Yes/no.

Social care research capacity consultation – Question 1

1. Developing a UK-wide approach with attention to country-specific issues	The consultation question	Your response
<p>Background Social care policy is the responsibility of each individual country of the UK, but policy and services in each country share many common features.</p> <p>This means it might make sense to develop a social care research strategy for the UK as a whole, which is linked to issues that need to be addressed in each country.</p>	<p>How far do you agree that we need to develop a UK-wide social care research strategy linked to issues that need to be addressed in each country?</p>	<ul style="list-style-type: none"> – Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know
<p>We welcome your general comments on this question. You might wish to explain your tick box answer. You may also wish to consider:</p> <ul style="list-style-type: none"> • What should be undertaken at the UK level <p>And/or</p> <ul style="list-style-type: none"> • What should be undertaken in each country 		

Social care research capacity consultation – Question 2

2. Responsibility for leadership	The consultation question	Your response
<p>Background Unlike in the NHS, responsibility for social care policy and resources is shared between central and local government. This raises the question of who should take the lead in coordinating policy and resources for social care research.</p> <p>In thinking about who should have responsibility for leadership we need to consider what part should be played by:</p> <ul style="list-style-type: none"> • Central and local governments • Employers' organisations (e.g. ADSS or ADSW) • Care Councils • Higher education institutions (including universities) • Research funders (including charities) • Service user organisations • Carer organisations • National agencies (such as SCIE and SIESWE) 	<p>Do you agree that we need a UK-wide coordinating organisation, in which the bodies listed in the left column should play a part?</p>	<ul style="list-style-type: none"> – Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know

Social care research capacity consultation – Question 2 continued

<p>We welcome your general comments on this question. You might wish to explain your tick box answer. You may also wish to consider the following specific issues:</p> <ul style="list-style-type: none"> • Whether the listed bodies are the right ones to collaborate to form a coordinating organisation <p>And/or</p> <ul style="list-style-type: none"> • Whether any single one of these bodies should be asked to undertake the main lead role <p>And/or</p> <ul style="list-style-type: none"> • Whether there should be separate coordinating organisations in each country of the UK. 	<p>You might find it useful to express your comments using the list below. By ticking the corresponding boxes you could indicate that you think those organisations should collaborate to form one coordinating body. If you think that just one of the listed organisations should take overall responsibility for leadership you should only tick that box.</p> <ul style="list-style-type: none"> • Central and local governments • Employers’ organisations • Care Councils • Higher education institutions (including universities) • Research funders (including charities) • Service user organisations • Carer organisations • National agencies (such as SCIE and SIESWE)
---	--

Social care research capacity consultation – Question 3

3. Improving resources	The consultation question	Your response
<p>Background Unlike in the NHS, resources to support social care research are not provided through central government. This raises the question of who should take responsibility for providing resources.</p> <p>'Resources' means funds for specific research, but also for building up the research workforce and the supporting structures (such as training and systems for identifying priorities).</p>	<p>(a) Do you agree that all those involved in social care should contribute to providing the resources for research?</p> <p>(b) How far do you agree that those providing or commissioning social care services should allocate a percentage of their budget for research?</p>	<p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p>
<p>We welcome your general comments on this question. You might wish to explain your tick box answers. You may also wish to consider:</p> <ul style="list-style-type: none"> • Whether some organisations have a greater responsibility for providing resources than others. <p>And/ or</p> <ul style="list-style-type: none"> • Whether there should be a specific target, for investment, such as a specific percentage of the budget. <p>Please make it clear if your comments refer to a specific country or to the UK as a whole</p>	<p>You might find it useful to express your comments using the list below. By numbering them, you could put the organisations in order to show which you think ought to have greater responsibility for providing resources. Please note that your number 1 will be the organisation you think has greatest responsibility for funding social care research.</p> <p>Please use the space below for any other comments. You are welcome to name specific organisations who you think should have particular responsibility for funding social care research.</p> <ul style="list-style-type: none"> • Central and local governments • Employers' organisations • Care Councils • Higher education institutions (including universities) • Research funders (including charities) • Service user organisations • Carer organisations • National agencies (such as SCIE and SIESWE) <p>Names of specific organisations</p> <p>Further comments around question (a)</p> <p>Further comments around question (b)</p> <p>General comments around this issue</p>	

Social care research capacity consultation – Question 4

4. Necessary structures	The consultation question	Your response
<p>Background Questions 2 and 3 ask your views on the need for UK-wide structures, with national counterparts, to coordinate development. Question 4 asks you about what kinds of structures would work best.</p> <p>Some developments in national policy suggest a link with health research. Other suggestions are based on the need for a separate identity for social care research.</p> <p>Linked to this, some suggest focusing on relatively few 'centres of excellence' while others propose a wider distribution of expertise based on 'networks of excellence'.</p>	<p>(a) There are already very well-established structures for health research, and some policy documents suggest using these for social care research. Do you agree that this would be a useful approach?</p> <p>(b) Some reports suggest that social care research is distinct and requires separate structures from those operating in health research. How far do you agree?</p> <p>(c) Do you support a structure that relies on relatively few 'centres of excellence', or on a wider distribution of expertise in 'networks of excellence'?</p>	<p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly support 'centres' – More support for 'centres' than for 'networks' – Should be a combination – More support for 'networks' than for 'centres' – Strongly support 'networks' – Don't know</p>
<p>We welcome your general comments on this question. You might wish to explain your tick box answers. You may also wish to consider:</p> <ul style="list-style-type: none"> • Whether you have examples where either the 'centres' or 'networks' approach has worked well. <p>Please make it clear if your comments refer to a <i>specific country</i> or to the UK as a whole .</p>	<p>Further comments around question (a)</p> <p>Further comments around question (b)</p> <p>Further comments around question (c)</p> <p>General comments around this issue</p>	

Social care research capacity consultation – Question 5

5. Raising practice awareness among social care researchers	The consultation question	Your response
<p>Background Several reports suggest that there could be a better relationship between the research agenda and the priorities of practitioners, providers and user and carer organisations.</p> <p>One way of tackling this is to look at whether the training of researchers could be improved. This would aim to give researchers a better appreciation of the priorities of practitioners and providers.</p> <p>Another approach would be to require that all social care research involves people with experience of working in social work or social care services.</p>	<p>(a) Do you agree that the relationship between the research agenda and the priorities of practitioners, providers and organisations of users and carers should be improved?</p> <p>(b) If so, do you agree that training of researchers is a key way forward?</p> <p>(c) Do you agree that involving people who use or provide social services would improve the relationship between research and practice?</p>	<p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p>
<p>We welcome your general comments on this question. You might wish to explain your tick box answers. You may also wish to consider:</p> <ul style="list-style-type: none"> • Whether you have examples of improving the relationship between the research agenda and the priorities of practitioners, providers and organisations of users and of carers. <p>Please make it clear if your comments refer to a <i>specific</i> country or to the UK as a whole</p>	<p>Further comments around question (a)</p> <p>Further comments around question (b)</p> <p>Further comments around question (c)</p> <p>General comments around this issue</p>	

Social care research capacity consultation – Question 6

6. Raising research awareness among social care practitioners	The consultation question	Your response
<p>Background Several reports suggest that there could be better capacity among practitioners to use the results of research.</p> <p>One way of tackling this is to look at whether the training of practitioners could be improved.</p> <p>Some reports have called for particular attention to improving the research training of social workers on basic qualifying programmes.</p>	<p>(a) Do you agree that the capacity of practitioners to use research should be improved?</p> <p>(b) If so, do you think that training of practitioners is a key way forward?</p> <p>(c) Do you think that there is a need to improve the research training of social workers on basic qualifying programmes?</p>	<p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p>
<p>We welcome your general comments on this question. You might wish to explain your tick box answers. You may also wish to consider:</p> <ul style="list-style-type: none"> • Whether you have examples of improving the capacity of practitioners to use research. Examples might be from in service training, other continuing professional development or from post qualifying training. <p>Please make it clear if your comments refer to a <i>specific</i> country or to the UK as a whole</p>	<p>Further comments around question (a)</p> <p>Further comments around question (b)</p> <p>Further comments around question (c)</p> <p>General comments around this issue</p>	

Social care research capacity consultation – Question 7

7. Raising research awareness among social care policy makers and managers	The consultation question	Your response
<p>Background Several reports suggest that there could be better capacity amongst social care policymakers and managers of services to use the results of research.</p> <p>One way of tackling this is to look at whether the training of social care policy makers and provider managers could be improved.</p>	<p>(a) Do you agree that the capacity of social care policymakers and managers to use research should be improved?</p> <p>(b) If so, do you agree that training of social care policymakers and managers of services is a key way forward?</p>	<p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p> <p>– Strongly agree – Agree – Neither agree nor disagree – Disagree – Strongly disagree – Don't know</p>
<p>We welcome your general comments on this question. You might wish to explain your tick box answers. You may also wish to consider:</p> <ul style="list-style-type: none"> • Whether you have examples of improving the capacity of social care policymakers and managers of services to use research. <p>Please make it clear if your comments refer to a <i>specific country</i> or to the UK as a whole</p>	<p>Further comments around question (a)</p> <p>Further comments around question (b)</p>	

Social care research capacity consultation – Thank you

Thank you for taking the time to complete the questionnaire.

You can either email your response to webteam@scie.org.uk or post it to the freepost address below.

Social Care Institute for Excellence

Freepost LON39274

London

SE1 2ZX

The consultation closes at the end of September 2006, and SCIE will analyse the results during October and November.

A final report will be available on the SCIE website in April 2007.

Social care research capacity consultation

The four central governments of the UK, with the support of the Economic and Social Research Council, asked SCIE to conduct a UK-wide consultation on how to increase social care research capacity. This 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.

The report recommendations identify key issues in the consultation that need to be taken into account in strengthening research capacity and in coordinating developments across the UK.

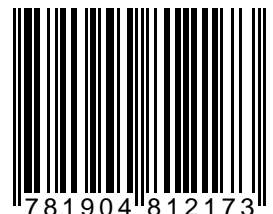
This publication is available in an alternative format upon request.

Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

Registered charity no. 1092778
Company registration no. 4289790

ISBN 978-1-904812-17-3



9 781904 812173